

# Chemist & Druggist

Benn >>

NOVEMBER 16 1974 THE NEWSWEEKLY FOR PHARMACY

## Careers and Education

SPECIAL SECTION

## Advertising Authority for pharmacy?

## President defends the inspectorate

## Transferable vote in 1976?



## MUSK by HOUBIGANT

*for people who give more of themselves*





## It takes more than brains to sell Sunbrellas

Sunbrella has one of the biggest and most complete ranges of sunglasses on the market.

Every kind of lens from plastic to Zeiss and over 130 different styles to choose from.

And to tell your customers about Sunbrellas next year, we're spending more money than ever before. On TV and in-store display. A sensuous 15 second commercial,

starring the above, will be screened nationally, starting next May.

In all, around 19 million people could see Sunbrellas on the box.

And a good number of them will be in your store looking for the new Sunbrella display stand. All you have to do is make sure it's there.

See your Jacquelle salesman, or write to the address below.

**Sunbrellas**

**If you care how you look.**

Jacquelle Sales, Kitty Brewster Estate,  
Blyth, Northumberland NE24 4RG.  
Tel: Blyth 2596



The newsweekly for pharmacy  
**16 November 1974 Vol. 202 No. 4939**  
 116th year of publication

## Contents

**Editor** Arthur Wright, FPS, DBA  
**Deputy Editor** R. E. Salmon, MPS  
**Markets Editor** W. S. Bowman, MPS, MIPharmM  
**Technical Editors** Adrienne de Mont, BPharm, MPS  
 K. F. Preece, BSc, MPS  
**Editorial Assistant** Sue Rooney, BA  
**Information Services** I. H. Cotgrove  
**Price List** Janet Quilter  
**Advertisement Manager** James Lear  
**Advertisement Executives**  
 J. Foster-Firth MPS  
 John Thelwell  
**Production** Sian Evans

**Benn** »

Official organ of the Pharmaceutical Society of  
 Ireland and of the Pharmaceutical Society of  
 Northern Ireland



Member Audit Bureau of Circulations

|  |     |
|--|-----|
| Comment <input type="checkbox"/> Advertising control | 685 |
| Transferable vote for Council elections?             | 685 |
| Standards Authority for pharmaceutical advertising?  | 686 |
| "Comprehensive" controls on cosmetics from EEC?      | 686 |
| Remuneration: Price Code control to go               | 687 |
| Distributors' profits safeguards to be strengthened? | 687 |
| NPU Holdings' pre-tax profit of £47,000              | 688 |
| Lens solution control report "being considered"      | 688 |
| The Xrayser column: Specialisation                   | 689 |
| "Advertising canvas should cease"                    | 696 |
| Product registration "often a political control"     | 699 |
| EDUCATION: Special section                           | 703 |
| President defends the Society's inspectorate         | 713 |
| Boots' first-half sales up but profits dip           | 715 |

|                  |     |                           |     |
|------------------|-----|---------------------------|-----|
| Appointments     | 715 | New Products              | 693 |
| Business Briefly | 715 | News in Brief             | 689 |
| Coming Events    | 714 | On TV Next Week           | 694 |
| Company News     | 715 | People                    | 689 |
| Deaths           | 689 | Prescription Specialities | 693 |
| Letters          | 699 | Trade News                | 694 |
| Market News      | 715 | Classified Advertisements | 716 |

**Published Saturdays by Benn Brothers Ltd**  
 25 New Street Square, London EC4A 3JA  
**Editorial and Advertisement Offices**  
 25 New Street Square, London EC4A 3JA (01-353 3212) Telex 27844

**Regional Advertisement Offices**  
*Midlands:* 240-244 Stratford Road, Shirley, Solihull, Warwicks  
 021-744 4427  
*North East:* Permanent House, The Headrow, Leeds LS1 8DF  
 0532 452841  
*Scottish:* 74 Drymen Road, Bearsden, Glasgow 041-942 2315  
*North West:* 491 Chester Road, Old Trafford, Manchester M16 9HF  
 061-872 5151  
*West Country and South Wales:* 10 Badminton Road, Downend,  
 Bristol BS16 6BQ—0272 564827

**Subscription Department:** Lyon Tower, 125 High Street, Colliers Wood,  
 London SW19. Telephone 01-542 8575. **Subscription:** Home and  
 Overseas £14 per annum 35p per copy (including postage)

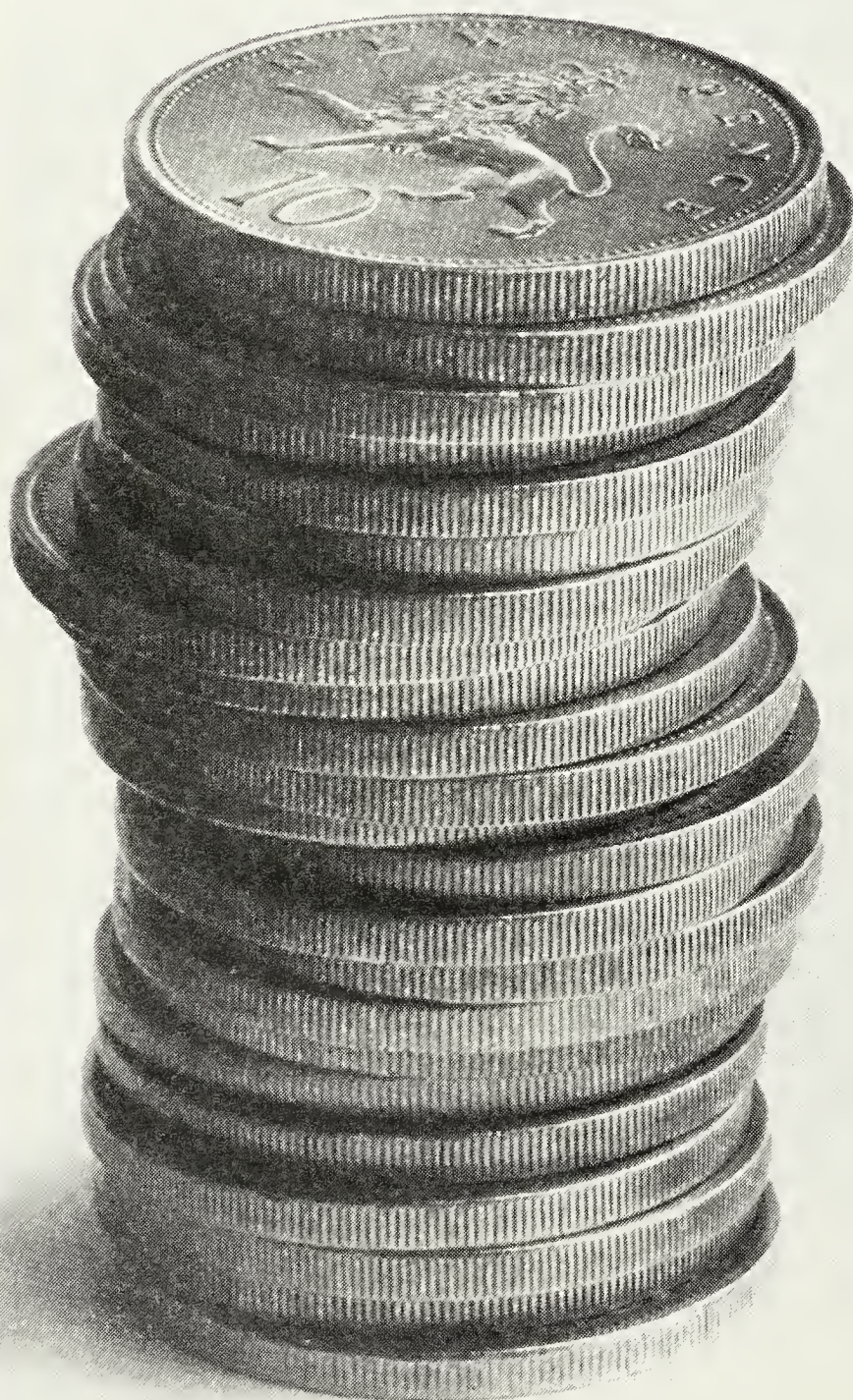
Contents © Benn Brothers Ltd 1974. All rights reserved. No part of this publication  
 may be reproduced, stored in a retrieval system, or transmitted in any form or by  
 any means, electronic, mechanical, photocopying, recording or otherwise without  
 the prior permission of Benn Brothers Ltd.



Should there be an "Authority" to  
 control pharmaceutical advertising  
 asks Dr D. H. Maddock (see pp 686  
 and 696)



# 24 reasons for dispensing Larodopa

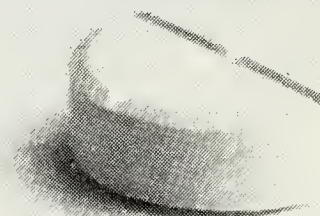


The first twenty-three are money:  $23 \times 10p = £2.30$  — the amount you save on every 200 tablets dispensed compared with the most expensive brand. In fact, Larodopa is the most economical *and* most frequently prescribed brand of levodopa tablets.

The twenty-fourth reason is that Larodopa is available as double-scored, 500mg tablets only. So one strength will fill all your levodopa tablet prescriptions and simplify your storage problems.

## Larodopa

Levodopa at the lowest price



Further information is available on request. Roche Products Limited, 15 Manchester Square, London W1M 6AP J470027  
Larodopa is the trade mark for Roche pharmaceutical preparations containing levodopa.



# Comment

## Advertising control

Dr D. Maddock is a member of the Pharmaceutical Society's Council, a member of the National Pharmaceutical Union Executive, a director of NPU Holdings Ltd (with interest, through NPUM, in Care), and a director of a group owning pharmacies in which the Guinness empire has a stake. Which hat, then, was he wearing when he proposed at the weekend (p 686) the formation of a "Pharmaceutical Advertising Standards Authority"?

Dr Maddock's thoughts were turned in this direction by the controversy within the profession over the use of the word "chemist" in advertising. The Council is opposed to such use and has circulated a discussion document giving its reasons to branches (but no "minority report" from Dr Maddock?), and has sought the views of members of the Society via a branch vote. Conversely, the NPU Executive has shown, through Care, that if it cannot prevent the use of restricted titles by competitors, it is prepared to go some way to join them in their action.

Dr Maddock fears that putting the question to the membership, of whom less than a third are proprietors, means that it will be resolved "by others than those directly involved." But there are large majorities of proprietor pharmacists on both the Council and the NPU Executive — and they come to opposing conclusions. At present, surely, the question is being "resolved" for the profession by the Co-operative movement and others who reject the Society's right to impose such a restriction on their advertising.

It seems most unlikely, if the "involved" elements of the profession cannot agree on a policy, that an independent Standards Authority would be any better at finding a position acceptable to all parties. Despite the "voluntary" nature of the code of practice it would devise, Dr Maddock admits there would be sanctions,

as with the British Code of Advertising Practice—"the ultimate being the non-acceptance of advertisements by any of the media".

Here the analogy falls. The advertising industry's code works — though it is not without its critics — because it has one aim, the protection of the consumer. Such protection is in the interests of the media, the vast majority of reputable advertisers and the industry's own credibility. Can anyone be certain that an independent authority might not conclude that the public interest is better served when the consumer *does* know she is dealing with a pharmacy? Can we be sure that such an authority would not be highly sceptical of the Council claim that advertising of the title "weakens the significance" of the pharmaceutical qualification? If the authority is to protect some aspect of the profession, rather than the public, it is certain that the media would not voluntarily submit to its rules.

But perhaps Dr Maddock is confident of the outcome, and that it would favour the "derestriction" he apparently supports. If that is his logic, it is a dangerous move to suggest putting responsibility outside the profession because of fear of "the wrong answer" when the membership decides. Once control is lost, it cannot easily be regained.

Perhaps Dr Maddock's fears would be quelled if the question were put only to those "directly involved", the proprietors. But in these days of expanding "undisclosed" pharmacy ownership who, Dr Maddock, *are* the proprietors?

☐ South Lincolnshire Branch, one of the first to report its decision, felt unable last week to vote on the proposition while both "chemist" and "pharmacy" were included. Instead, the following motion was passed: That the word "chemist" should be permitted for use in advertising.

## Council elections to use STV system in 1976?

The single transferable vote system should be implemented for the Society's elections in 1976, the Society's Council has decided, based on the report of the working party which studied the system.

The report of the working party records that the system is simple in operation and presents no difficulty to the electorate. Although the mechanics of counting are more complex, the cost of conducting a poll using the system would not be greater and probably less than the current system. A consequence of such a vote is "to achieve proportional representation of whatever is of importance to the electorate".

Under the single transferable vote system, the elector is provided with a list of candidates and is invited to enter the

name of his first preference, followed by the names of other candidates in order of preference until he is indifferent to their order. The number of preferences expressed bears no relation to the number of places to be filled; a voting paper is valid provided that a first preference is expressed and later preferences are contingency choices. At the first stage of the count, all voting papers are sorted according to first preferences.

A quota for election having been previously determined, any candidates whose total of first preferences attain this figure are deemed elected and their surpluses are transferred in turn in accordance with the next preferences of all who voted for the elected candidates. Candidates with fewer votes are then excluded in turn and all their votes transferred. This is continued until the candidates are reduced in number to the number of places to be filled.

## Wiltshire sanctions date

Wiltshire Area Chemist Contractors Committee decided on Sunday to apply sanctions from January 1 next year unless specific action is taken by the Government to increase chemists' remuneration. Their first action would be to discontinue all clerical work involved in the dispensing of prescriptions and if that was unsuccessful they would limit the hours of dispensing.

### Picket action

Mr L. R. Leadbeater, a Ramsey, Cambridgeshire pharmacist, is considering a picket outside a local doctor's surgery if he gets no support from the public following display of a notice in his window about doctor dispensing. The notice says that dispensing doctors receive subsidies from the taxpayer, making their dispensing expensive "so support your chemist and also support your country."



# Standard Authority needed for pharmaceutical advertising?

A call for a special organisation to discuss an advertising code for pharmacists was made by Dr D. H. Maddock, member of the Pharmaceutical Society's Council, on Sunday.

Speaking at the West Midlands regional conference (see page 696), he suggested that the Society should ask all interested parties including the National Pharmaceutical Union, company chemists, Co-operatives and wholesalers, to "thrash out" the terms of reference of a new Pharmaceutical Advertising Standards Authority.

The Authority could draft a code of conduct which could be approved by, say, the Privy Council, and have similar terms as the British Code of Advertising Practice. Advertisements not adhering to the Code would be rejected by the media.

The new Authority should be independent and, if a committee of Council, should have a similar relationship as the Statutory Committee. Dr Maddock felt the Authority would go a long way towards achieving the wishes of most pharmacists and would forestall any difficulties occurring as a result of the Government pursuing the recommendations of the Roskill report of the Monopolies Commission "on the general effect on the public interest of certain restrictive practices so far as they prevail in relation to the supply of professional services."

## Comprehensive controls on cosmetics from EEC draft

Regulations flowing from the adoption of an EEC draft directive on cosmetics and toiletries "will be the first step towards a more comprehensive system of control" of such products in Britain, according to a report published last week.

The fourth report from the Select Committee of the House of Lords on the European Communities (HM Stationery Office, £0.38) records that the Committee discussed the draft directive on composition, labelling and packaging of cosmetic and toilet preparations. It was pointed out that there were few controls in Britain relating specifically to the safety of such products on general sale, basic statutory safeguard against the inclusion of dangerous substances being provided by the Pharmacy and Poisons Act 1973.

The draft directive was "welcomed by all interested parties" and the Committee felt that regulations based on it would ensure that safety standards—based on research and which had "long been adopted by reputable British manufacturers"—would be extended to all cosmetic products on sale regardless of their country of origin.

□ The Committee also considered draft

directives on the prepackaging of liquids. The UK at present required a declaration of the minimum contents enforced at the point of sale; one draft directive proposed a declaration of the average contents based on sampling at the point of manufacture. Holland and Ireland followed practices similar to the UK, but an average system was employed throughout most of the rest of the world. Holland had decided to accept the average system.

The Committee considered the UK minimum system was preferable, both in principle, and in the interests of the consumer, but felt that the provisions of the draft directives were satisfactory if the average system was adopted.

## Herbal remedy products to be investigated

A new subcommittee has been set up by the Committee on Safety of Medicines to advise them on the standards of herbal products. Chairman is Dr D. C. Garratt, scientific consultant to the Pharmaceutical Society, and members include Dr W. E. Court, University of Bradford; Dr D. F. Cutler, Royal Botanic Gardens, Kew; Dr Betty Jackson, Sunderland Polytechnic; Dr J. D. Phillipson, School of Pharmacy, University of London; Professor E. J. Shellard, Chelsea College, London; and Dr K. Jewers, Tropical Plants Institute, London.

According to the Department of Health some companies have applied recently for ordinary product licences for herbal products for which licences of right were not obtained. In some instances, these preparations contain herbal ingredients rarely used in the UK and although questions of standards and pharmacy are normally dealt with by the subcommittee on chemistry, pharmacy and standards it was felt that in view of the special nature of these products a different kind of expertise was needed to assess them.

## Photo batteries 'must be reduced in price'

The Monopolies Commission has recommended that the price of Mallory photographic batteries should be reduced.

In its report on the supply of primary batteries, published last week (HM Stationery Office, £1.30), the Commission found that monopoly conditions prevail in the UK supply of zinc carbon batteries and mercury batteries because Ever Ready Co (GB) Ltd and Mallory Batteries Ltd respectively supply more than one-third of each type of battery.

On Ever Ready, the Commission decided that neither the company's mono-

poly position nor its practices were against the public interest, but while the company had not abused its market power, the possibility of abuse existed. The Commission therefore suggests that Ever Ready's profits and pricing and discount policies should be kept under review.

The Commission did not consider Mallory's monopoly position to be against the public interest, but thought that there was a risk of its profits being excessive in the future so that profits and pricing policies should be kept under review. The Commission did, however, conclude that prices charged for Mallory photographic batteries (about 11 per cent of the company's 1973 UK sales of mercury batteries) resulted in excessive profits — Mallory should be required to make "significant reductions".

Other points in the report:—

□ The Commission hopes Ever Ready will take steps to improve public awareness of the appropriate uses of different types of zinc-carbon batteries.

□ They call for "use before" date marking on both battery types.

Mr Alun Williams, Minister of State for Prices and Consumer Protection, has accepted the recommendations.

## September retail sales up

The retail sales index (value) for chemists and photographic goods dealers during September was 151—an increase of 20 per cent over the year compared with a 19 per cent rise for business generally. The Department of Industry's figures also show that independent chemists' sales rose 18 per cent to a new index of 139. No figures are given for multiple and Co-operative societies chemists and the calculations, with 1971 as the base year of 100, do not include NHS receipts.



Over 250 independent chemists throughout the UK will each receive a pair of English pewter goblets, as prizewinners in a recent Smith & Nephew-Vapona display promotion. Pictured above is Mr H. N. Hodgetts, 79 Abbey Road, London NW8, one of the winners, who was presented with his prize by Mr E. Fogarty, Smith & Nephew area sales manager



# Remuneration: Price Code control to go

The Central NHS Committee has won its claim to have chemist contractors remuneration excluded from the Price Code. Proposed amendments to the Code (see below) remove from control "payments from the NHS for agency activities" carried out by chemists, opticians and medical appliance contractors, since "their remuneration is already effectively controlled by the Government".

The Central Committee has been locked in argument with the Department of Health over the Code's application—the Committee claiming that the onus is on the contractor to apply it to his whole business, not for the Department to use it in regard to remuneration.

Mr M. Brining, the Committee's consultant, told *C&D* on Wednesday that it appeared there was now a "free negotiating situation", with no bar to the Department reimbursing chemists' costs in full—though the dispute over how costs should be measured remains unresolved. The Committee will now have to review its position and take "appropriate action".

## Distributors 'safeguard' to be strengthened?

The Government is planning to amend the Price Code to allow distributors operating below the existing "safeguard" net profit level—75 per cent of their reference level—to increase their gross profit margins. (The reference level is the net profit margins achieved in their best two years during the five years up to April 1973.) That is one of a series of proposals included in the consultative document "Review of the Price Code" published on Tuesday (HM Stationery Office, £0.38).

Where distributors are operating below the safeguard level, the proposal is that they be allowed to raise gross margins to achieve that 75 per cent level. At present they cannot do that if it would cause them to exceed 100 per cent of gross margin; the Government propose to allow gross margins in such circumstances to be increased, to a limited degree, up to 105 per cent.

Explaining the proposals on Tuesday, Mrs Shirley Williams, Secretary of State for Prices and Consumer Protection, said they had been produced with the emphasis on maintaining employment and investment. There would be a new investment relief scheme—all companies in manufacturing services and distribution would be entitled to recover 17½ per cent of firmly budgeted investment for plant and machinery and industrial buildings but commercial buildings (including offices), commercial vehicles or cars were not included.

Other proposals include:—

□ Category III companies would have to identify themselves to the Price Commission;

□ The profit safeguard should be changed to deal with erosion of profit on product ranges or individual products rather than on the net profit margin of the enterprise as a whole;

Comments on the proposals should be submitted by November 27, and the Government hope the revised Code will be brought into operation in December.

An increase in the VAT rate on petrol from 8 per cent to 25 per cent, effective November 18 was announced in the budget.

VAT on petrol used in the course of business by persons registered for VAT may be deducted as input tax subject to the normal VAT conditions.

## Oxygen apparatus damage: who should recover cost?

Suggestions from the Department of Health about ways in which chemist contractors should attempt to recover from patients the cost of repairing damage caused during the loan period were regarded as totally unacceptable by the Central NHS (Chemist Contractors) Committee at its last meeting. In the Committee's view the responsibility for recovering such costs from the patient rested entirely with the Family Practitioner Committee. The Department would be reminded that the contractors expected the agreed new hire charges to be introduced without further delay.

It was agreed that representations should be made to the Department that, where a monthly NHS cheque was lost in the post, provision should be made in the Family Practitioner Committee's regulations for a duplicate cheque to be sent without the need for the pharmacist to sign an indemnity regarding the previous cheque. On container allowances the Committee decided to ask for monthly adjustments.

It was reported that an increase in the rural areas subsidy for 1974 had been agreed with the Department. Chemist contractors qualifying for this subsidy would receive the amount due with either their November or December payment.

## Need for research into 'self care' motives

"Self care", the treatment of illness by the sufferer before or instead of seeking medical advice, is a neglected area for research, yet it is practised by over 60 per cent of people with symptoms. Dr B. A. Elliott, medical director of Miles Laboratories Ltd and a member of the industry-sponsored Panel on Self Care, pointed out last week that what happens in this area must have a strong influence on how health service resources are allocated and how efficiently. What persuaded the patient to move from self care to medical consultation was a question being investigated by the Panel, for example.

"Given that there will always be limited resources in the health care and delivery field and given that health expectations of the population will continually rise thus exacerbating the relative limitation



Mr G. Raine (right) receives the Nicholas Award for hospital pharmacists from Mr J. G. Roberts, president of the Guild of Hospital Pharmacists, last week. Mr Raine's thesis was on the history of St George's Hospital's pharmacopoeia (see p 697)

## Drug Tariff amendments

An advance warning of the deletion of one gauze and a group of pessaries from Part VI of the Drug Tariff is given in the latest quarterly amendments to the Tariff. With effect from December 31, 1974, hydrargaphen-prednisolone sterile ribbon gauze is to be deleted; and stem, rubber cup and stem, and Napier's pessaries are to be removed as from February 1, 1975.

Other amendments include the new Clause 8 extending the broken bulk arrangements to standard drugs not included in Part VA; a revised list of standard drugs and preparations in Part VA effective October 1, 1974; the deletion of common pack and basic price entries in Part VD for diphenhydramine elixir and 25mg promazine tablets; an amendment to the vaginal applicator entry in Part VD and the deletion of specification 15 for such applicators; and the change in Part VIII for the increase in container payment.

of resources, governments and the medical profession will be forced to take the whole field of self care more seriously.

"The intelligent use of safe and effective medicines will feature in future health education programmes. The pharmaceutical industry will be required to assume a leading educational role as it does at the moment in the case of prescription drugs. The intelligent use of home medication by an informed public will lead to more efficient use of the limited resources available by releasing such resources to the more serious disease sector."

In the future, by encouraging the use of more effective medicines and by enhancing knowledge, the promotion of self-care should become recognised as an essential and valuable component in the total health care and delivery system



# NPU Holdings: pre-tax profit of £47,000

NPU Holdings made a profit of £47,131, before tax, in the year ended March 31. This figure included a contribution of £25,628 (against £10,000 in the previous year) from NPU Marketing Ltd. Interest received was also higher at £26,086 (£18,781).

After tax of £6,978 and writing off certain expenses and with £23,501 brought forward, there is a total of £55,243 available for appropriation. The Treasury has authorised payment of a 7.5 per cent dividend for the year.

On March 25 the company disposed of 50 per cent of its interest in NPU Marketing Ltd for £37,500 to the consortium of wholesalers participating in the Care VTO scheme. NPU Marketing was capitalised at £30,000 therefore NPUH realised a capital gain of £22,500 on the transaction.

Of the total contribution of £25,628 from NPU Marketing £25,000 was paid while NPUM was still a wholly owned subsidiary. The remaining £628 represents one-half of the proposed dividend of the associate NPUM.

The chairman, Mr J. C. Leigh, in his statement on the future says: "It is important that the Care group services are developed complementary to the existing range of NPU Group services.

## Lens solutions control: report 'being considered'

The Department of Health is "considering the implications" of a report from researchers at Bath University School of Pharmacy, calling for control of the manufacture of contact lens solutions under the Medicines Act.

At present there are no minimum standards of antimicrobial efficiency for these preparations. In the November *Journal of Pharmacy and Pharmacology*, Professor D. A. Norton, Dr D. J. G. Davies, Dr N. E. Richardson, Mr B. J. Meakin and Mr A. Keall, report tests on 34 solutions for their activity against *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Micrococcus luteus* and *Candida albicans*.

Only four of the 14 soaking solutions inactivated all the strains within one hour and only seven did so within four hours. Six solutions allowed one or more organisms to grow after 24 hours. Of the 20 cleansing and wetting solutions, 13 failed to inhibit one or more strains after 24 hours.

At a Press conference last week, Dr Davies declined to give the trade names of the solutions involved on the grounds that, as they had been bought at random from pharmacies and opticians, their age

was unknown, and disclosure could be unfair to some manufacturers. The only advice he could give to contact lens wearers was to buy those solutions made by large, well known manufacturers, particularly "those who manufacture ethical pharmaceuticals." Some solutions made by small firms had contained none of the preservatives on the label.

No solution for soft lenses was as good as the good ones used for hard lenses Dr Davies went on. He recommended heat sterilisation for soft lenses.

More information was needed as to the severity of the problem and the Department of Health has provided a grant for the project (C&D October 5, p463). Dr Davis felt that contact lens solutions should be sold by pharmacists

## Further calls for 'pill' off prescription

Another bid to make oral contraceptives available without prescription was made at the Family Planning Association conference in London last week.

Dr John Dunwoody, a Battersea general practitioner and former Parliamentary under-secretary at the Department of Health, said he welcomed suggestions that there should be more delegation of family planning responsibility to nurses but he would go much further: "I would like to see social workers and the pharmacist involved in this field." Oral contraceptives should be sold OTC in pharmacies and supermarkets in the same way as aspirin because "the side effects and medical hazards are probably a little bit less than those of aspirin."

## Toothpaste standard

A British Standard covering the abrasiveness of toothpaste has been published following a request from the British Dental Association. The Standard (BS 5136, Toothpaste) centres on an accurate abrasiveness test developed at the National Engineering Laboratory, East Kilbride.

The test involves the comparison of the test paste against a standardised reference paste of known performance, using a radiotracer technique. The effect of an ordinary medium-hard grade of toothbrush, carrying the paste to be tested, is simulated on dentine and enamel. A reci-

rather than opticians as the former were better qualified to give advice on eye infections.

The four soaking solutions which inhibited the organisms within an hour were chlorbutol 0.3 per cent, thiomersal 0.004 per cent and ethylene diamine tetra-acetic acid (EDTA) 0.1 per cent; benzalkonium chloride 0.004 per cent, chlorhexidine gluconate 0.006 per cent and EDTA 0.1 per cent; benzalkonium chloride 0.004 per cent and chlorbutol 0.4 per cent; benzalkonium chloride 0.01 per cent. Another solution of benzalkonium chloride 0.001 per cent and EDTA was effective against all the strains.

Work carried out independently at Heriot-Watt University on 14 of the solutions confirmed the findings.

procatting brushing movement of the type used in the mouth is reproduced under precisely specified conditions.

Other characteristics of toothpastes covered in the standard include the pH value; consistency and extrusion of paste from the tube; stability; the paste's compatibility with the tube material, and toxicity. Special attention has been paid to lead content and the standard specifies a test to ensure the extremely low maximum content of 5 ppm. Copies are available from BSI Sales Branch, 101 Pentonville Road, London N1 9ND. Price £2.70.

## Minister uses 'persuasion'

The Government has no immediate plans for moves towards a planned pharmaceutical service. When asked if he would order a pharmacy to open in Old Goole, Dr D. Owen, Minister of State, Department of Health, said he was looking at pharmaceutical services there and added "I am afraid we must work in this area by persuasion".

## UCA section to fold?

The Associates' Section of the Ulster Chemist's Association should be wound up, Mr T. McAlpine proposed at the Section's annual meeting last week. The proposal is to be taken to the Joint Council. Earlier the chairman, Mr W. D. McClements, spoke of the poor attendance at both social and business functions which indicated lack of interest.

Mr E. A. Proctor, of High Street, Rottingdean, Brighton, receives a food hamper from Mr J. M. Biggs, hosiery product group manager, Scholl (UK) Ltd, as first prize in a window display competition which took place in Brighton recently to promote Scholl elastic and support hosiery.

23 chemists in the Brighton area took part in the competition which formed part of a "hosiery week" which included a seminar by Scholl. They plan to repeat the "hosiery week" in the 30 sales territories throughout the UK next year.





# People

Mr J. Ferguson, assistant secretary of the Pharmaceutical Society, has been appointed to the vice-presidency of the European Industrial Pharmacists Group.

Mr P. F. L. Boreham is to be designated fellow of the Pharmaceutical Society. Mr Boreham is a research fellow in the department of zoology and applied entomology at the Imperial College of Science and Technology, University of London. He is secretary of the Slough Branch of the Pharmaceutical Society and chairman of its Chiltern region.

## Deaths

**Potter:** Recently, Mr John Lowthian Potter, MPS, FBOA, FSMC, Great Salterfield, near Penrith, Cumbria. Mr Potter qualified in 1900 and worked for firms in Carlisle, Stockport, Birmingham, and Bath before buying his own business in Alsager, Ches.

## News in brief

Parliament has approved orders permitting the sale of metric packs of salt from January 1, 1975, and for sugar from October 1.

The total value of sales and work done by the toilet preparations industry in the second quarter of the year is estimated at £61.477m against £54.455m for the same period in 1973.

The following have been elected officers of the National Consultative Committee for Pharmacy in Scotland:— Chairman Mr J. Grosset, vice-chairman Miss Elizabeth Meikle, professional secretary Mr A. Clyde.

From September 1975 charges for postal services will be based on grams and kilograms. The 2 oz weight for letters is to be replaced by 60 g which is slightly more. After at least one year 60 g will be replaced by 50 g.

A call for a mobile pharmacy service in the Hinckley and Bosworth area of Leicestershire has been made to the South West Leicestershire Community Health Council, which agreed to approach the area health authority on the problem.

Research workers at Manchester University claim to have found a method of successfully incorporating chlorhexidine into a toothpaste. A trial on 66 people suggested that the toothpaste would kill at least 75 per cent of harmful bacteria.

The proposed Employment Protection Bill will "break a lot of new ground", including for the first time a statutory system of guaranteed week payments and the right for women at work to get paid maternity leave as well as the right to be reinstated in the same or similar jobs, said Mr Harold Walker, Parliamentary Under Secretary for Employment in Manchester on November 7. Employers would also have to notify the Department well in advance of intended redundancies.

# Topical reflections

BY XRAYSER

## Specialisation

Once upon a time—as all good stories should begin—a time which, in retrospect, seems almost in the neolithic age—I was introduced to the art of elocution. The executant was only a year or two older than myself, and I can recall but one of his masterpieces. It was entitled "A Boy's Pocket", as far as I can recollect, and it enumerated in detail the curious collection of apparently unrelated objects which, for the time being, were deemed worthy of preservation. There was no fixed pattern as yet, for the collector of the future was only trying out his wings. Specialisation would come later. Specialisation takes many forms. I once knew an aged Autolycus who left behind him a treasure chest containing 117 safety razors of all descriptions and some hundreds of razor blades—each wrapped neatly in a small piece of white demy, for the owner had strong pharmaceutical connections. Each blade was neatly labelled with details of "where found", the date, and "keen" or "blunt".

I suppose somewhere in all of us resides the collector's instinct, which takes many forms. In my own case it tends to have become a projection of the boy's pocket, although there are one or two indications which suggest that very little might have tipped the scales between mere accumulation and specialisation. Evidence of the specialist and the enthusiast was provided for all to see and hear at the meeting of the British History of Pharmacy Society dealing with "Pharmacists and philately", in which Mr D. F. Lewis and Mr G. R. A. Short took part.

Your report indicates that even the title is capable of sub-division. Both fields chosen were extremely wide. That to which Mr Lewis has fortunately gravitated offers endless opportunities, for items from family papers appear from time to time, though not always available for purchase. There was voluminous correspondence on quasi-medical matters in the household diaries of the aristocracy of a couple of centuries ago, in which favourite recipes changed hands, though it is improbable that the original letters survived. But pharmacy must be grateful to Messrs Lewis and Short, whose specialisation and whose dedication have opened doors into the past in directions which have evolved from the miscellaneous of the boy's pocket to the particular. They are to be envied.

## Credit squeeze

I read the report of the remarks of Mr J. A. Mitchell, chairman of the National Association of Pharmaceutical Distributors, in regard to what are now described as "current cash liquidity problems," and your editorial comment on the subject. Mr. Mitchell said that the whole distributive chain was affected, and he made a plea for tolerance, understanding, and time to work things out. Precipitate action, he went on, should be avoided in what might well be "chain reaction". Your comment that a number of organisations were attempting to enforce their terms of business in respect of requiring earlier settlement of balances than hitherto is the experience of many I have talked to.

There are contributory factors and one is the sum at any given moment which is owed by the Government in respect of NHS and VAT outstandings. Another item contributing to the slowing-up of payments by the retailer is the ever-increasing clerical work which eats into what should be leisure hours, and much of that must be laid at the door of the multifarious accounting systems of both manufacturer and wholesaler, whose invoices are so bespattered with ciphers as to become almost unintelligible, and whose statements resemble the pedigree of a racehorse descended from Persimmon. Many of those are not improved by their being photo-copies of a page in a ledger—and extremely poor copies at that. And all the while, more and more cash becomes "congealed".



# The gr traini robber



# beat ng ry.

Robin Hood took money from the rich to give to the poor. We take money from the non-trainer and give it to the trainer. As custodians of the industry's training levies that's one of our duties. If you'd like to experience the openhanded side of our nature, you've only to start training. Our training advisers will be glad to help you introduce a formal training system and advise you on what records to keep. Those unclaimed levies can then be quickly turned into training grants. Why not become a trainer—hence a grant-earner—and help remove forever the mischievous suggestions that a robbery is taking place. We can also help with training aids. Our latest are concerned with Metrication, a problem that's now beginning to confront the shopkeeper and his customer. These aids include "The Metric Shop", a publication giving a wide range of information and guidance on training; a metric training manual for lectures; "METpak", a tape/colour slide programme; "Measure for Measure", a twenty minute instructional programme on video cassette, or 16mm. film.

**You know  
training pays**



To Distributive Industry  
Training Board, MacLaren  
House, Talbot Road, Stretford,  
Manchester M32 0FP  
Tel: 061-872 2494

☐ Please arrange for a  
training adviser to visit.

Please send me:

- ☐ Copies of "The Metric Shop" @ 75p.
- ☐ METpak tape/colour slide programme @ £17.28 incl. V.A.T.
- ☐ Metric Course Manual @ £2.50
- ☐ VCR programme "Measure for Measure" @ £32.40 incl. V.A.T.
- ☐ "Measure for Measure" programme on 16mm. film, @ £97.20.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

I enclose cheque for £ \_\_\_\_\_

**Distributive Industry  
Training Board**





# Containers by Beatson



**The Tablet**

Beatson, Clark & Co. Ltd.,  
Rotherham, Yorkshire S60 2AA. Tel: 0709 79141 Telex: 54329

 **Beatson Clark**



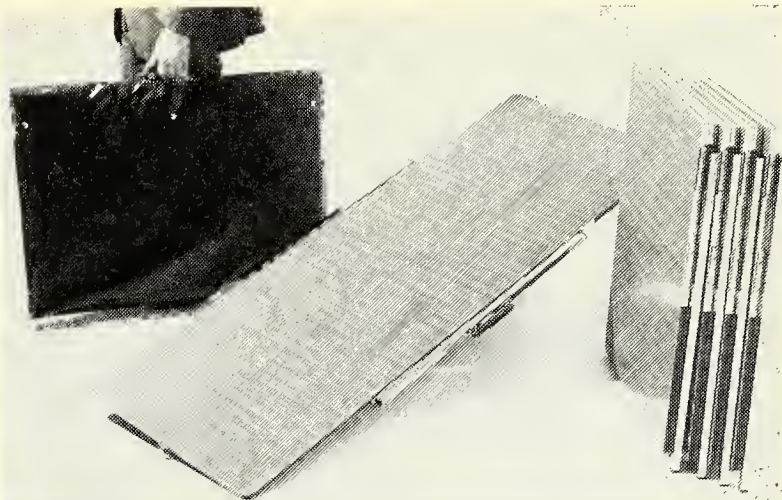


# New products

## Sundries

### Board for backache sufferers

Relaxaboard Ltd are introducing through retail pharmacies a portable appliance for backache sufferers (£27). It consists of compact, folding, lightweight panels with follow-tubing attachments to impart rigidity whilst in position under the mattress. Of particular interest to those sufferers who must spend time away from home the appliance is easy to carry (one of the tubes has a handle) and easy to assemble and install. An optional holdall makes it appear like a purpose-built piece of travelling luggage which fits into most car boots. Worldwide patents have been applied for (W. E. Lachs Relaxaboard Ltd, 22 Woodlands Close, London NW11).



## Cosmetics and toiletries

### 'Middle market' Cologne

Extensive research to achieve "a truly unique fragrance in the middle market sector for the over 20's" has led to the introduction of Moonfire Cologne by Gerhardt Pharmaceuticals. The "slightly heavy" fragrance has been shown by panel testing to have similar appeal to more expensive couturier perfumes the manufacturers say.

Moonfire Cologne (£1.25) is presented

in a bottle having half moon impressions and black and silver label with matching silver cap. The carton is in deep rich burgundy and black, with a yellow and crimson insert — a colour scheme said to give the carton a strongly identifiable "fiery" look. The makers claim that the highly concentrated fragrance lasts exceptionally well and that the product is an ideal Christmas gift. Testers are available (Gerhardt Pharmaceuticals Ltd, Thornton Laboratories, Glebe Road, Huntingdon PE18 7DX).

# Prescription specialities

## MADOPAR capsules

**Manufacturer** Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts

**Description** 125mg — pink-blue capsule with "ROCHE" on cap and body containing levodopa 100mg, benserazide 25mg. 250mg — blue-caramel capsule with "ROCHE" on cap and body, containing levodopa 200mg, benserazide 50mg

**Indications** Parkinsonism — idiopathic, post-encephalitic, arteriosclerotic

**Contraindications** Narrow angle glaucoma, severe psychoneuroses or psychoses. Patients under 25, pregnancy. Should not be given with MAOI's or within two weeks of their withdrawal

**Dosage** As a guide only — the effective dose lies in the range of 4 to 8 capsules 125mg daily. See data sheet for details of therapy for previously untreated patients and those previously treated with levodopa

**Precautions** Care with all other drugs. Compounds affecting central amine mechanisms should be avoided. Care in endocrine, renal, pulmonary or cardiovascular disease, particularly where history of myocardial infarction or arrhythmia, hepatic disorder, peptic ulcer or osteoporosis.

**Side effects** Involuntary movements on long-term therapy. Nausea, vomiting, cardiovascular disturbances less frequent than after levodopa alone. Psychiatric disturbances may occur

**Storage** In a cool, dry place in a well closed container protected from light

**Packs** 125mg—100 capsules (£5.20, trade). 250mg—100 (£9.30)

**Supply restrictions** P1, S4B

**Issued** November 1974

## ACTAL suspension

**Manufacturer** Winthrop Laboratories, Winthrop House, Surbiton-upon-Thames, Surrey

**Description** Sodium poly-hydroxyaluminium monocarbonate hexitol complex 360mg in 5 ml

**Indications, etc** As for Actal tablets

**Dosage** Adults — 10 ml three times daily

**Packs** White polyethylene bottles 300ml (£0.78, trade)

**Issued** November 1974

## SOTACOR tablets

**Manufacturer** Bristol Laboratories, Division of Bristol-Myers Co Ltd, Stamford House, Langley, Bucks SL3 6EB

**Description** Pink, scored tablet, engraved "SOTACOR 80" on one face, containing sotalol hydrochloride 80mg

**Indications** Hypertension, angina pectoris, thyrotoxicosis

**Contraindications** Heart block, history of bronchospasm, metabolic acidosis, diabetic ketoacidosis, pregnancy. Intolerance, shown as bradycardia and hypotension

**Dosage** Should be taken one hour before meals. Initially, 80mg two to three times daily increasing by 40-80mg daily. Optimum adult daily dosage ranges in divided doses: hypertension, 240-600mg; angina, 240-480mg; thyrotoxicosis, 120-240mg. Not recommended for children

**Precautions** May mask usual pre-hypoglycaemic warning signs. Should be discontinued 24-48 hours before surgery; if impossible, vagal dominance should be counteracted by iv atropine sulphate (0.25-2mg) and ether, chloroform, cyclopropane and trichlorethylene should be avoided. Care in heart failure

**Side effects** Nausea, insomnia, lassitude and diarrhoea have been reported, usually transient

**Storage** Protect from light

**Packs** 100 tablets (£4.35, trade)

**Supply restrictions** Recommended on prescription only

**Issued** November 1974

## VIVALAN tablets

**Manufacturer** Imperial Chemical Industries Ltd, pharmaceutical division, Alderley Park, Macclesfield, Ches SK10 4TF

**Description** Yellow, film-coated tablet containing viloxazine hydrochloride equivalent to 50mg viloxazine, marked "Vivalan"

**Indications** All types and severities of depression, including mixed anxiety-depressive states

**Contraindications** First trimester of pregnancy

**Dosage** Adults only — 1 tablet three times daily or 2 twice daily with meals. Maximum 8 daily. Onset of effect is usually seen in first 5-10 days

**Precautions** Not recommended for children under 14. Caution in epileptic patients on phenytoin. Patients taking antihypertensives such as debrisoquine, guanethidine and bethanidine may need restabilising

**Side effects** Mild, transient, upper gastrointestinal disturbance with nausea and loss of appetite may occur

**Packs** Blister strips of 10 tablets in cartons of 100 (£5.50 trade) and 500 (£24.67)

**Supply restrictions** Recommended on prescription only

**Issued** November 1974

**Notes** Non-sedative antidepressant with minimal anticholinergic and sympathomimetic properties. Rapid onset of action. No marked interaction with alcohol. Does not cause "carbohydrate craving". Unrelated to tricyclic antidepressants and monoamine oxidase inhibitors



# Trade News

## MoDo buys Tufty Tails

MoDo Consumer Products Ltd, manufacturers of Daffodil paper disposable products, have acquired the UK marketing and production franchise for Tufty Tails disposable nappies and Tufty pants from S. Maw & Sons — the Ashe Laboratories subsidiary. MoDo are the UK consumer company of Mo och Domsjö, pulp and paper producers in Sweden where they claim to be brand leaders in the disposable nappy market. Production of Tufty Tails will be moved from Barnet to MoDo's plant at Hawarden, North Wales, as soon as possible, but until the change-over, which will take place within the next few months, Maws Ltd will continue to service and sell to chemists. MoDo's intention is to continue to market and develop the brand, using the resources of the parent Swedish company to ensure supply of the raw materials.

## Libresse improved

An improved version of Libresse has been announced by Mölnlycke Ltd, Sancell House, Harpenden, Herts AL5 4SR. The self-adhesive tape (which Libresse say they pioneered in Britain) now runs the full length of the towel. Mr Peter Woodward, product manager says that although the "postage stamp" size adhesive with which Libresse was launched is absolutely secure, "research shows that women do prefer the feeling of confidence a full length tape gives."

The launch of improved Libresse is supported with new point of sale material, including a high-capacity display stand designed to ease the burden of the shop assistant and increase pack throughput yet occupying only 0.9sq ft.

## New-look Sunsilk

Sunsilk setting lotion and hairspray have been re-launched in new-style packs which retain the "Sunsilk girl" but now, according to the makers, "has a warmer, more inviting promise of beautiful hair".

Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY, have added a larger, 150-g size (£0.53) to the setting lotion range, and Sunsilk hairspray has a new formula that incorporates a different fragrance. The setting lotion and hairspray will be featured in a national television and Press campaign.

## Carmen's lion in curlers

Carmen Curler Co Ltd, Deer Park Road, London SW19 3UX are substantially increasing their advertising expenditure in the heated roller market for the 1974 Christmas sales season. Additionally, the format is being changed from the seven-second commercials of the past three years to 30-second commercials involving "one of the most outstanding commercial ideas of the year". In it, Sullivan, a full grown



lion, has his mane rolled and styled with the new Cascade heated roller, the latest Carmen set with the addition of a conditioning/setting lotion. The idea was that if the rollers could work on Sullivan they could do an outstanding job on ordinary hair. The resulting commercial is being screened until Christmas.

## Free skin care booklet

Garsalle, makers of Delph skin care range, are currently offering chemists their booklet on "How to care for the skin" free of charge. The booklet covers most aspects of skin care — cleansing, toning, moisturising — plus diet. The booklet may be obtained by filling-in the coupon in this issue and sending it to Margaret Merril Beauty Advisory Service, Dept CD, PO Box 37, Walton-on-Thames, Surrey KT12 1LZ.

## Vicker's Christmas offer

J. J. Vickers & Sons Ltd, 80 Royal Hill, Greenwich, London SE10, are offering an extra 15 per cent net discount on orders of 1½ doz Swallow binoculars plus an 8 x 30 ZCF Swallow binocular worth £17.17 free if payment is received by the makers within 10 days. The offer lasts until December 1.

## Available next year

The eau de Cavalcade perfumed Cologne by Hanri from M. & R. Norton Ltd, Adriant Works, 155 Merton Road, London SW18 5EG, will not be available until next year. This is due to packaging difficulties.

## Larger Liquifruta with lemon

Sanitas Group Sales Ltd, Stockwell Green, London SW9 9JJ, have introduced a 330-ml size Liquifruta with lemon (£0.48). They state that, where stocked, the small size of this version now outsells the more traditional types of Liquifruta—in which there has been a swing to larger sizes.

□ Sanitas Group have produced a Christmas sleeve for two of their Camberwick Green children's toiletries — soap and foam bath. Available from representatives it takes standard packs so that unsold stock can be reconverted.

New display material for the three Sanitas cough preparations — Liquifruta, Galloways and Buttercup syrup



## Sylopal suspension

H. N. Norton & Co Ltd, 133a Shawbridge Street, Glasgow G43 1QQ, have produced Sylopal suspension in a 300-ml wide necked plastic container. Pharmacists should return 300-ml glass containers to wholesalers for replacement.

# on TV next week

Ln — London; M — Midland; Lc — Lancashire  
Y — Yorkshire; Sc — Scotland; WW — Wales  
and West; So — South; NE — North-east;  
A — Anglia; U — Ulster; We — Westward;  
B — Border; G — Grampian; E — Eireann;  
CI — Channel Islands.

## Alberto Balsam shampoo & conditioner:

All except B

Alka-Seltzer: Ln, Lc, Y, Sc, So, NE, U, E

Andrex: All areas

Aquafresh: All areas

Beecham Powders range: WW, We, CI

Beecham Powders & Hot Lemon: All except WW, We, E, CI

Beecham Powders & tablets: All except WW, We, E, CI

Bright & Beautiful tissues: All areas

Brylcreem Omadine: Sc, G

Close-Up: All areas

Complan: All areas

Fisherman's Friend: Ln, Sc, So, NE, A

Flair perfume: All areas

Freshmint toothpaste: All areas

Gillette G11: All areas

Grecian 2000: Ln, M, L, Sc, NE, A, B, G, CI

Harmony hairspray: All areas

Hedex: All areas

Khadine: All areas

Marigold household gloves: All except Sc, We, B

Mentho Lyptus: All except E

Midas: NE

Oil of Ulay: All areas

Old Spice: All areas

Papermate: All areas

Pears foam bath: All areas

Pears Lasting Care: Lc, Y, So, NE, We, CI

Pears soap: All areas

Polaroid Super Swinger: All areas

Sea Jade: All areas

Sunsilk setting lotion: All areas

Sunsilk shampoo: All except U, E, CI

Three Wishes foam bath: All areas

Us hairspray: Lc

Venos cough mixture: All except G, E, CI



specify

Contract terms  
and other hospital prices  
on request

# 'Nystatin-DOME'

cream & ointment

## for nystatin at economic prices



Full information and special hospital terms on request.

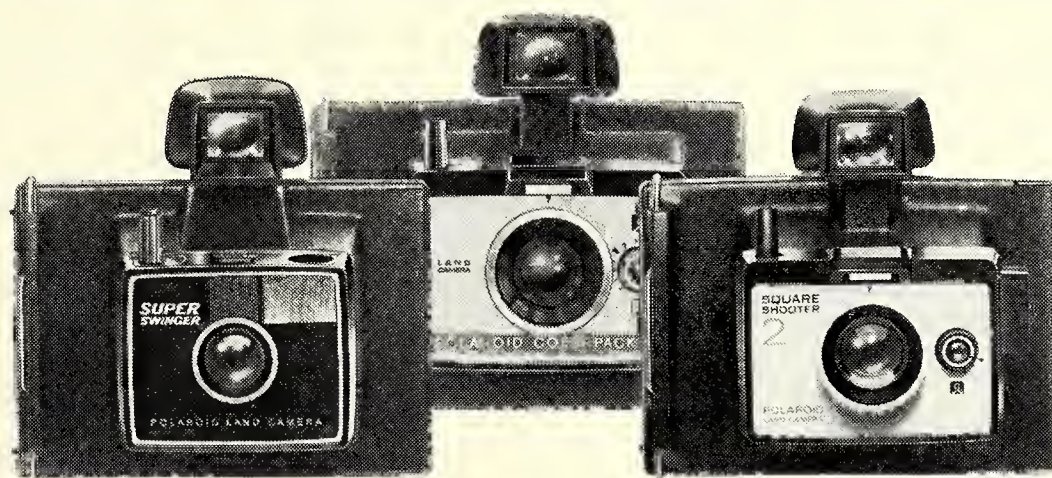
**DOME LABORATORIES**, DIVISION OF MILES LABORATORIES LTD.,  
STOKE COURT, STOKE PAGES, SLOUGH, BUCKS. TEL: FARNHAM COMMON 2151



Dome is a trade mark

DM 503

# Make money by the minute, or the half minute.



## Polaroid's instant moneymakers

We know that Polaroid instant picture cameras will be in great demand this Christmas, and we're ready to meet your demand for them. We've ample stocks of Super Swingers—for black and white in seconds—£6.84,\* Square Shooter 2's—for colour pictures in a minute—£12.14,\* and Colorpack 80's—for both instant

colour and black and white pictures—£15.89.\* Remember too we can supply all your Polaroid film requirements.

## Vestric

Contact your Vestric Representative or Branch now for details of our  
**SPECIAL CHRISTMAS OFFER on Polaroid Cameras**



West Midlands regional conference

# Advertising canvas should cease, says Council member

The Society's Council should discontinue the "divisive canvas" of its branches on the question of advertising, suggested Dr D. H. Maddock, member of Council, on Sunday.

Council should take a new approach to the problem, he said. There were already nearly 60 Acts of Parliament controlling advertising but self control and discipline had always proved the best regulators.

He suggested the Society should form a new Pharmaceutical Advertising Standards Authority which would include all interested parties such as the NPU, National Association of Pharmaceutical Distributors and company chemists. The Authority could draft a code of conduct and non-compliance would evoke the same sanctions that exist through the British Code of Advertising Practice Committee, the ultimate being rejection of advertisements by the media.

He implored non-proprietor pharmacists not to cast their vote lightly "in what could be one of the crucial decisions for our profession.

"I have recently spoken to hospital pharmacists who, with their newly found financial status, have implied that they have now really found their station and that advertising is a most lowly pursuit," he said. All pharmacists had the same qualification, some were more talented in certain areas than others but all had to earn a living.

## 'Wasteful' advertising

Earlier, Dr Maddock described advertising practices generally and said: "Any advertisement which lacks a clear statement as to the identity of advertiser — must by definition — be wasteful. Without the declaration of the word 'chemist' the symbol of any VTO could easily be mistaken for a completely new type of shop or a collective noun for a mixed bag of retailers operating under the same name. Either way, the chemists stand to benefit very little from the advertising to which they have contributed on joining the group.

"The only possible method of compensating for the omission of a positive statement such as 'chemist', would be the bolder use of the chosen symbol on shop fascias, windows and point of sale. This is a much cruder tactic employed by supermarkets and discount stores, and hardly acceptable to pharmacy."

The closure of 4,000 pharmacies in the past 20 years had, in effect, precipitated the controversy over advertising, Dr Maddock continued. The position of the pharmacist as an independent practitioner in his own pharmacy must be maintained to safeguard the unique service he gave to the community: "It is

essential that pharmacies should continue to be spaced evenly throughout the community and accessible as centres of information on medicines."

This need was reflected in Article 1 of the Statement upon Matters of Professional Conduct, calling for an efficient pharmaceutical service for the public.

"The rigid enforcement of article 6 on advertising pales into insignificance when compared to the enormity of this first article of the Statement," he concluded.

In the discussion, Dr Maddock said he thought a more efficient service could be given with fewer pharmacies but concentrating on pharmacy only. At present a great deal of the retail pharmacist's time was not occupied with providing pharmaceutical services. Employing more than one pharmacist per pharmacy would also provide a better life for the pharmacist.

Mr C. C. B. Stevens, president of the Society, pointed out that a rationalised pharmaceutical service would raise the standards of the service and require more rather than less pharmacists.

Mr Aldington believed a planned service was the ideal for the future and its concept would not be to send pharmacists where they did not want to go. "Planning" to Dr Maddock, however, meant a maximum utilisation of resources which would inevitably lead to pharmacists being told where to open and close, with possibly disastrous consequences.

Mr D. A. Perris, chairman, West Midlands regional health authority, urged all pharmacists to take part in their area pharmaceutical committees whenever they were able. He felt that in the past these committees had been orientated towards hospital pharmacy but it was imperative that the committees received advice from all branches of the profession.

## Health leaflets scheme to start

Pharmacists are to be asked to take part in a pilot scheme for distribution of health education leaflets, said Mr A. Aldington, member of Council.

Early next year, all retail pharmacists will be sent a copy of a leaflet on a health topic and will be asked to indicate, on a prepaid card from the Society, whether they would be prepared to display such leaflets and showcards in their pharmacy. The leaflets would be sent bi-monthly and the first theme would be child care. The scheme would be sponsored by the Society and the Health Education Council, the NPU would also co-operate and company chemists would be supplied from their own headquarters.

Speaking on "Health education", Mr Aldington said the Council felt pharmacists should provide more information on

such matters as vaccination, personal hygiene and the problems of drug dependence. The pharmacy should be a centre for the promotion of good health; the pharmacist "has a birthright in this field and should develop it to the full," he said.

Those professions concerned with problems of drug abuse such as pharmacists, doctors, social workers and the police should all co-operate and share their knowledge, said Dr N. W. Imlah, medical director, All Saints Hospital, Birmingham. Such problems should not be dealt with in isolation.

He gave possible reasons for drug abuse. People were looking for props in an increasingly stressful society after many of the philosophical values which formerly supported them had been destroyed. These stresses resulted from rapid rates of change in society to which the human race was ill-equipped to adapt and drugs to help people cope had become readily available.

There would be no drug problem if no one made a huge profit out of illegal drugs, he went on. Affluence in the middle classes, particularly in the young, made these groups targets for the sale of drugs because they could afford to buy, whereas at one time drug abuse was a product of poverty. He criticised the lack of preventive health measures — "no Government leaflet says 'heroin kills' — and the "looseness" of drug legislation whereby, for example, the prescribing of heroin had been curtailed but led to a problem of methadone addiction 12 months later.

A "warm invitation" to make the fullest use of the Pharmaceutical Society's information services was extended by Miss Pamela North, technical information officer of the Society. The department dealt with about 7,000 inquiries per year, two-thirds coming from members of the Society, and managed to solve 19 out of 20 of the problems, although the failure rate was difficult to assess because frequently inadequate information was given in the questions asked.

## Recent auction prices at Sotheby's

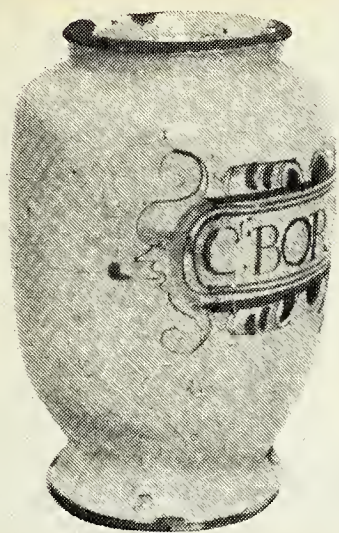
Good English pottery sold at Sotheby's Bond St saleroom on October 22 included a mid-17th century blue-on-white Lambeth drug jar, height 7½in.

This was one of the series where the terminals of the inscription band (C. BORAGINIS, confection of Borage) have at either end a grotesque head of a man smoking a pipe. This Commonwealth jar was acquired by the dealer R. Allbrook for £420.

The other English drug jar S. TVSSILAGIN, syrup of Coltsfoot, decorated with the Apollo design, did not reach its reserve and was withdrawn at £220.

At Christie's sale of Continental pottery on October 28 a Dutch snuff jar together with an English drug jar E. THER ANDROM, the scroll cartouche with birds on branches, swags and a basket of fruit, height 9½in, sold for 80 guineas. A Dutch Delft jar, height 6½in, THER ANDROM fetched 32 guineas. Theriaca





The grotesque head of a man smoking a pipe is seen clearly on this confection of Borage jar

Andromachi or Venice treacle was a celebrated anti-plague electuary. Lot 51 consisted of a pair of oil jars o. IMPERI and o. PETROLII, height 8½ in. Although catalogued as Netherlands their dark blue designs on a pale blue ground were more reminiscent of north Italy (300 guineas).

Two large Italian jars for AQ. DE BORAGINE and AQ. RVTE CAPRAR with serpent handles had dark blue scrolling foliage on a pale blue ground, one with initials GDC and "1752" realised 240 guineas.

Included among Italian maiolica at Sotheby's sale of Continental pottery and porcelain on October 29 was a large drug jar, dated 1700, painted in colours with St Martin and the beggar. The Saint, a knight on horseback, is depicted cutting his coat with a sword to share it with the beggar. A jar with this design was illustrated in *C&D* June 30, 1962, page 724. This set of jars is believed to have been made for the monastery of San Martino at Naples. The jar, which was 10½ in height, was sold for £260.

#### Lambeth jar

At Sotheby's sale of English pottery and porcelain on November 5 a "Lambeth" drug jar ROSAR with the "angel-withoutspread-wings" design fetched £135; a Liverpool delft syrup jar "cherub and cockleshell" design—spout at the back type—with the drug label S. ex ALTHEA in manganese sold for £90.

More interesting were three bucket-shaped Lowestoft feeding cups decorated on each side with blue transfer prints. A rare example only 2½ in height cost its buyer £105. Two larger Lowestoft feeding cups, both with tapering spouts and loop handles 3 in and 3½ in high, realised £80 and £95 respectively. £30 was given for an incomplete Bristol delft food warmer 6½ in high.

□ Grants for medical research awarded by the Nuffield Foundation last year totalled £185,000, according to the Foundation's 28th annual report published recently. New grants include £8,331 over two years for research into the mechanisms of zinc deficiency in ulceration at Newcastle-upon-Tyne University, and £10,500 over three years for investigations into the toxic effects of aromatic amines at the London School of Hygiene and Tropical Medicine.

# 170 years of St. George's Pharmacopoeia

The development of the pharmacopoeia of St. George's Hospital, London, over 170 years was outlined by Mr G. Raine in his winning paper for the Nicholas Award for hospital pharmacists which was presented last week.

The earliest such pharmacopoeia is dated 1768, said Mr Raine. Preparations in use in the hospital were included in 1768, 1802 and 1816 versions whether or not they were also listed in the London Pharmacopoeia (LP) which was then official. If they were not included in the LP, their full formulae and method of preparation were given. In the 1816 version doses of the preparations were given when they were for oral use—no doses were included in the 1809 LP current at the time. Only preparations not listed in the LP were given in the 1841 version, and the practice continued in the 1865 and subsequent editions after the British Pharmacopoeia succeeded the LP in 1864.

A second edition was published dated 1887, third edition, 1899, fourth 1907, sixth 1912 and seventh 1927. Mr Raine said he could find no reference to a fifth edition, and the 1912 publication closely resembled the 1907 edition with nearly all the changes being corrections of errors appearing in the earlier book. That led Mr Raine to believe that there was no fifth edition, the 1912 edition being wrongly styled as the sixth. The seventh edition was reprinted with corrections and additions in 1938, the 1938 version being reprinted in 1944.

The St George's pharmacopoeia seemed to have been intended as a prescriber's handbook while the official compendia were of greater interest to the apothecary who prepared the medicaments, said Mr Raine. In the later editions a great deal of information and guidance for medical students and doctors was given at the end of the book and recommendations for diet appeared in all but one edition. Some preparations were formulated with economy in mind.

#### Break with tradition

The 1841 edition was written completely in Latin with the exception of the diet tables. A "revolutionary" break with tradition occurred in the 1865 version in that names of ingredients and quantities were given in English though titles were still in Latin. However, all subsequent editions had ingredients with Latin names with quantities stated in the apothecary system using traditional symbols. Preparations labelled "haustus" appeared to have been made up consistently to a volume of about 1½ fl oz but the formulae of mixtures could add up to 16 fl oz, 7½ fl oz, 5 fl oz, 6 drachms, "or even more odd amounts," with doses varying con-

siderably from ½ fl oz up to 8 fl oz. In 1877 draughts were made up consistently to 1 fl oz and mixtures did not appear. The first mention of aspirin in the pharmacopoeia was in 1938 although the drug had been in use since the beginning of the century.

A particularly bad example of polypharmacy appeared in the 1887 edition, said Mr Raine. It was *Haustus Rhei cum Opie* ("Diarrhoea Mixture") and the formulae was: pulveris cretae aromatici, 15 grains; spiritus ammoniae aromatici, ½ fl drachm; spiritus chloroform, 20 minims; tincturae cardamoni compositae, 1 fl drachm; essentiae menthae piperita, tincturae opii singularum, 10 minims; *Haustus Rhei* to 1 fl oz. The formulae for *Haustus Rhei* was *rhei radiceis*, *magnesii carbonatis levis singularum*, 1 scruple; *spiritus ammoniae aromatici*, ½ fl drachm; *aquam pimentae* to 1 fl oz.

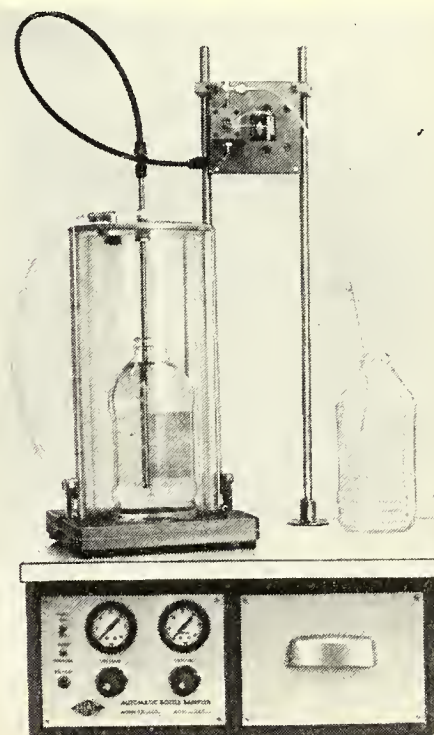
The directions for taking the mixture were: "to be administered in case of diarrhoea, but not repeated till after the lapse of six hours." It was dropped in 1899 and *Haustus Rhei* became the recognised diarrhoea mixture, Mr Raine added.

## New counting device for particles in infusions

A new device to count particles in intravenous fluids was displayed at the US Trade Centre in London this week.

Based on light-blockage, the Hiac system, marketed by Pacific Scientific International Inc, Hiac House, 227 Finchley Road, London NW3, is said to comply with the British Pharmacopoeia's requirements for particle counting machines. Priced at about £4,000 the equipment comes complete with an enclosed sampling device (below), one form of which can take litre transfusion bottles. Filtered air is pumped into the sampling cylinder and the test solution is forced through the sensor and into a burette which can be adjusted for different sample volumes. The number of particles above the minimum size set on the counter is displayed on the two-channel digital read-out display.

The machine is said to be self-compensating for optical density, and the solution's colour almost immaterial.





# OH BABY, HAVE WE GOT NEWS FOR YOU!

We've acquired Tufty Tails and Tufty Pants from Maws!

The addition of Tufty Tails to our 'Daffodil' range of disposable paper products will enable us to take advantage of a rapidly expanding market in disposable nappies, which will gross over £4 million in 1974.

We're backed by our parent company Mo Och Domsjö who currently market the brand leader in disposable nappies in Scandinavia. They're also one of Sweden's major paper and pulp producers, so we're not worried about raw material shortages.

Until the change-over all Chemist accounts will continue to be served by S. Maw & Sons, when production and marketing will move to us.

**MoDo Consumer Products,**

MoDo House, Chichester Street, CHESTER, CH1 4BP. Telephone: 0244 (Chester) 373661





# Product-registration often a political control

Hopes of any uniformity in the regulations controlling the registration of products throughout EEC and other territories could be discarded said the president of the Pharmaceutical Society, Mr C. C. B. Stevens, last week. With others, he declared, he had been battling for many years to "bring some sense into this matter". Vast bureaucratic regimes had now been set up; they satisfied the public and were here to stay. However it was an area that gave opportunities for pharmacists.

He was thanking speakers at a crowded meeting of the Society's Industrial Pharmacists Group after Mr W. Dench, The Wellcome Foundation Ltd, and Mrs Jane Nicholson, E. R. Squibb & Sons Ltd, had contributed papers on "International Product Registration, Today and Tomorrow". Both speakers praised the UK system when it was compared with others throughout the world. Mrs Nicholson said assessments of product registrations should be made on a scientific and professional basis. It was obvious that in many markets product registration was tied up with politics and there was one law for the native companies and another for subsidiaries of foreign firms. A perti-

nent example was Japan, where politics were disguised as pseudo-scientific grounds for refusal of product registration. Currently, the only way industry could function in such countries was to have local staff who knew their market. "As for the future, maybe their authorities will gradually realise that an isolationist policy is not helping medical science in their country."

Whilst inadequate regulations could prejudice public safety, excessively severe regulations could lead to inflexibility, when the long term interests of the public were threatened. During the past 10 years, there had been a decrease in the rate of innovation at least in part due to tighter legislative control.

## Effect of cost escalation

"As R. & D. costs escalate year by year, we have already reached the stage where only the biggest manufacturers are prepared to put money into developing products for which the demand is predictably small, or the chances of successful registration are slim." So that the public's requirements for safe and effective medicines were best served, governments and industry worldwide

should be applying commonsense working philosophies towards rationalising product registration, both to prevent unnecessary duplication of research effort and to cut out superfluous legislation.

Mr Dench reviewed the registration data that could be demanded. A number of items were specifically concerned with safety in use and in a number of countries (including United Kingdom and Ireland) that was the prime technical and scientific consideration of the product licensing system. In other countries, Sweden and Japan, the claimed effectiveness of a product must be demonstrated and had become a major requirement. In a third group of companies, exemplified by Portugal and Israel, the data must show that the product had advantages over existing products in the market or was relevant to the public health situation in the country "and all of this in relation to the proposed prices and the prices of existing competing products." In a number of ways, those standards related to the quality of the product proposed for registration and as such could be considered as fair at least in theory, but in a further group of countries, it was difficult to escape the conclusion that the product registration systems were political and economic and controllers were more readily influenced by whether the product was manufactured locally or was correctly priced than by the medical value of the preparation.

Mr Dench concluded "In my mind the training of a pharmacist makes him particularly well qualified for product registration duties and it is not a coincidence that many of the senior positions in this branch of the pharmaceutical industry are held by pharmacists."

## Letters

### One computer programme for pharmacy?

In 1970 I had the same reaction to the developments in data coding for pharmaceuticals and allied products as expressed by S. T. Swaddle (November 2, p 613). At that time I raised the matter at the FIP general assembly in Geneva, pointing out that a number of pharmaceutical manufacturers were already established internationally. It would be a pity if differing codes were used for the same product in one country compared with another. Considerable interest was shown at Geneva. In answer to my question as to whether anything was being done on an international scale to coordinate developments I was told that nothing was in hand.

On my return from that conference I determined to find out whether there was room for a common code in the UK and whether it could agree with the *Pharma-Zentral-Nummer* code which had been established in Germany since the introduction of their *Mehrwertsteuer* (VAT). I wrote to the main pharmaceutical organisations associated with manufacturing, practice, publishing and distribution, viz. A.B.P.I., N.A.P.D., N.P.U., The

C&D, *The Pharmaceutical Journal*, *The Retail Chemist* as well as the British Standards Institute. From the replies received I understood that this complex problem was not under discussion at a national level. I therefore wrote to 51 main companies who either manufacture or market pharmaceuticals in the British Isles. A critical paragraph from my letter read as follows:

"If we are not to have a system of utter confusion in the future, it would appear to be essential that steps are taken to catalogue the pharmaceutical products at least with numerical references. In this connection it would be useful if the same numbers were used as are used in Germany for products manufactured by companies with international sales (eg Allenburys, Astra, Bayer, Boehringer, Ciba, etc)". At the same time I asked the firms whether they would provide me with information concerning equipment and codes used. My letters met with a helpful detailed response from 26 companies. The following is a summary of the main factors — (company letter coded to maintain anonymity), number of digits in code used and number of items listed:—

| Company | A  | B   | C   | D   | E  | F   | G   | H | I   | J  | K   | L   | M  |
|---------|----|-----|-----|-----|----|-----|-----|---|-----|----|-----|-----|----|
| Digits  | 6  | 4   | 5   | 4   | —  | 9   | 5   | 6 | 4   | 12 | 6   | 6   | 5  |
| Items   | 27 | 116 | 182 | ?   | 54 | ?   | 102 | ? | 61  | ?  | 227 | 482 | 84 |
| Company | N  | O   | P   | Q   | R  | S   | T   | U | V   | W  | X   | Y   | Z  |
| Digits  | 6  | 4   | 4   | 4   | —  | 4   | —   | 9 | 4   | —  | 5   | 5   | 5  |
| Items   | 66 | 200 | 79  | 113 | 76 | 107 | 126 | ? | 125 | 12 | 76  | 133 | 96 |

Some of the items listed included veterinary products:— K=62, L=115, O=90.

You, Sir, at the time of my inquiry indicated that you would be introducing the six digit code which you discuss at the end of Mr Swaddle's letter. In 1972 you were well advanced in your project. Users of the Price List will have been aware of the code numbers in their list for some time now.

From the above investigation several factors emerged, but I will mention just three main ones:

1. A large sample from the manufacturers and distributors shows that the number of figures or letters used for a product may vary from 4 to 12. In addition, there is often a single or double digit check figure for use in the data processing equipment. Thus we already have a big problem of compatibility.
2. The installations involved vary from one company to another and there are differences between the main hardware suppliers with well-known international names.
3. A *manufacturer's* code is immediately changed to a *wholesaler's* code in transit.

Immediately we see that an international or even a national code would

*Continued on p 714*



Somewhere in your shop,  
these skin care products  
are moving...



118cc

118cc

118cc

118cc

*Delph*



# ...FAST!

Delph—moving fast  
from your shelves to your customers'  
dressing tables.



LEMON  
SKIN  
FRESHENER

LEMON  
SKIN  
FRESHENER

LEMON  
CLEANSING  
MILK

LEMON  
CLEANSING  
MILK

118cc

118cc

118cc

118cc

118cc



*Delph*

THE QUALITY  
you'd expect  
from the  
manufacturers  
of Oil of Ulay.

PRICES  
your customers  
can easily afford.  
Costs only  
36p. R.S.P.

NATIONAL  
ADVERTISING  
to support you.  
Delph is  
advertising at an  
annual rate of  
£110,000  
nationally.

**CUSTOMER  
SERVICE**  
that's more than  
a promise. The  
Margaret Merrill  
Beauty Advisory  
Service deals  
with more than  
1,000 skin care  
enquiries  
every month.

**IN-STORE DISPLAY**  
that makes sense. New no-fuss  
shelf strips free to you  
with every order of Delph  
products.

**THERE'S A NEW BOOKLET  
EXPLAINING ALL YOU NEED TO KNOW  
ABOUT SKIN CARE.**

**FILL OUT THIS COUPON AND WE'LL SEND YOU A COPY.**

Margaret Merrill Beauty Advisory Service, Dept. CD.  
P.O. Box 37, Walton-on-Thames, Surrey. KT12 1LZ.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

*Delph* from Garsalle: makers of Oil of Ulay.





**Wellcome**

# Four Good Reasons for Choosing Wellcome

1. The Wellcome Foundation is a major British-owned company developing and manufacturing medicines, vaccines and drugs for sale world-wide.
2. We employ substantial numbers of pharmacists in a wide variety of fields including Research, Development Production, Production Control, Personnel, Sales and Marketing.
3. We offer a full pre-registration training scheme for pharmacists and we finance them by paying them during training as full-time members of the company staff.
4. We provide first-class conditions of employment including generous assistance with relocation expenses, where appropriate.

For further information about specific vacancies and career opportunities please apply to:

**Graduate Recruitment, Group Personnel Division,  
The Wellcome Foundation Limited,  
P.O. Box 129,  
The Wellcome Building, 183 Euston Road,  
London NW1 2BP,**



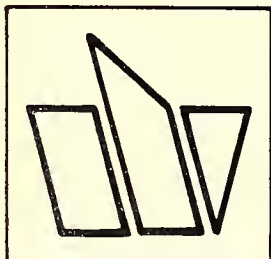
## The BIG Decision

Preregistration training is a vital stage in your preparation for a career in pharmacy. You need to make a wise choice now.

Westons Chemists is the second largest retail company in U.K. pharmacy. We can offer you

- ★ Comprehensive experience
- ★ Attractive salaries
- ★ Planned training
- ★ Equal pay and opportunities
- ★ Pension & Life Assurance Scheme
- ★ Promotion from within policy
- ★ Good holidays
- ★ Outstanding career prospects

Training positions will be available in several areas of England & Scotland commencing in 1975. If you wish to be considered please return the coupon.



# WESTONS CHEMISTS

**To W. P. Mallinson, Pharmacy Superintendent, Westons Chemists, P.O. Box 111, Sheffield**

*Please send a copy of your brochure to*

Name .....

Address .....



## CAREERS AND EDUCATION

# The changing face of pharmacy education

*The number and variety of courses in pharmacy has increased greatly over the past 10 years. "This has resulted in a refreshing atmosphere in the profession, one particular virtue of which has been the drawing together of the different branches of the profession through the theme of continuing education," said Dr F. Newcombe, the Queen's University of Belfast, in one of a series of postgraduate lectures given recently for the Pharmaceutical Society of Northern Ireland. Below is an abstract of his talk.*

A dramatic new freedom in the schools of pharmacy occurred in the sixties with the phasing out of the diploma and establishment of polytechnics and new universities. Each school has been allowed to develop the style which suits it best according to its individual resources of staff, accommodation and equipment.

This new found freedom has had a great impact on pharmaceutical education allowing both diversification and experimentation and, even if all the experiments have not been completely successful, the overall effect has been to the benefit of education and pharmacy. There are fears that the establishment of equivalence of pharmaceutical education within EEC countries could suppress this exciting freedom "at a stroke."

The former diploma courses established the pattern of a "general" course based on the traditional divisions of pharmaceuticals, pharmaceutical chemistry, pharmacognosy and, latterly, pharmacology. The London degree developed a style of specialisation — a common course for the first two years followed by selection of two subjects only in the final year. Both types of course persist but many modifications have been introduced.

## Polytechnics

Common in the polytechnics is a first year devoted to the traditional subjects with division in the second year into pass and honours streams. The difference in the second year is more one of emphasis than subject matter, as the breadth of studies continues in both courses. The chief differences are in the final year where in the pass degree the breadth of studies continues but is complemented by an emphasis on professional matters such as practice of pharmacy, management and administration. The form of the final year honours course is usually a one or two subject specialisation, augmented by a general pharmacy component to ensure that a minimum professional qualification is obtained.

One particular criticism of the polytechnic system is the association of "general" with a pass degree and "specialisation" with an honours degree. Even the brightest student, deciding that a general course is more appropriate to his aims, is automatically barred from the distinction of an honours degree. This situation is avoided in universities.

Considerable variety can occur within one department, for example at Bradford

there are four courses at least partially distinct and all leading to the B Pharm degree. The first two years of studies are common (typical of university courses) and differentiation comes in the final year.

The first year is principally a background year extending the scientific knowledge obtained at school, with dispensing the principal pharmaceutical subject. The second year course has a more definite emphasis on pharmacy and paves the way for the divergences of the final year.

Even in the final year there is a common component, comprising certain aspects of pharmaceuticals, biopharmacy (which links formulation and drug metabolism), pharmacy practice and instrumental analysis. General honours students complement the topics with pharmaceuticals, pharmacognosy, quality control and medicinal chemistry, the mode of action of drugs and pharmacology. Ordinary degree students study a similar reduced syllabus.

Special honours students achieve a considerable depth of study by complementing the common component of the final year with specialisation in one aspect of the general course. This approximates to specialisation in a traditional subject.

The fourth Bradford course, the sandwich course, is fundamentally different in structure though similar to the courses already described in content (see p 704).

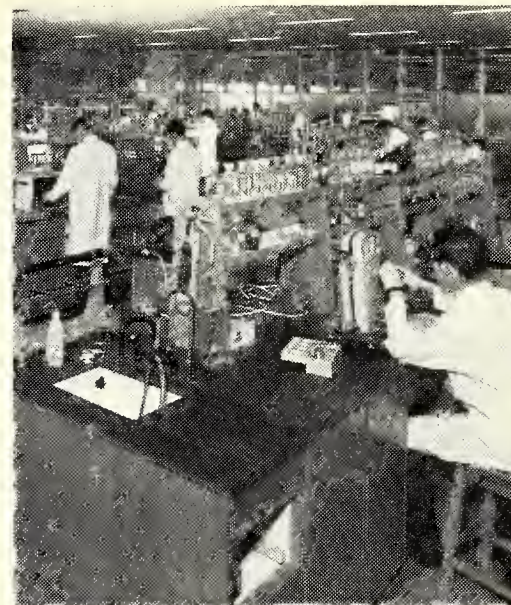
At Bath, after the common first two years, a variable degree of specialisation is possible in the final year. About 15 subjects are available from which a student may select two or three to complement his basic studies. A student can choose to keep his studies broad with a modicum of specialisation, or, by choosing two subjects in similar fields and selecting a project topic from the same area, develop considerable specialisation.

## Broader education

Breadth of education in the general sense is the aim, so there is an element of general studies in the course, part of which is non-pharmaceutical but the greater part of which is related to pharmacy. Such studies include the history of medicine and pharmacy, organisation of the NHS and the general social services such as care of the handicapped.

This style of course departs from the traditional four-subject basis and reflects a principle being developed in several schools, namely integration of basic pharmaceutical subjects through particular major themes.

Examples of such themes, from the



*Courtesy of Beecham Research Laboratories.*

Aston course, are "design of drug delivery systems" and "identification and analysis of drugs", which cross traditional barriers. This integration is achieved in the third year and involves a change from organisation on academic grounds to one on practical grounds which should help the student to appreciate the relevance of each aspect of the course.

With regard to course content, there have been two clear changes in recent years. Firstly, an increase in sophistication and complexity has tended to enforce a rise in academic levels. Secondly, in an effort to introduce novelty and reduce the artificial barriers between different facets of the course, the major subjects have been broken down into smaller units crossing traditional boundaries.

With pharmaceuticals, dispensing remains in a prominent, if less dominant position, modernised by inclusion of ethical and radiopharmaceuticals. Pharmaceutical technology has become more complex with the increasing complexity of formulation. Forensic pharmacy and posology have largely given way to pharmaceutical legislation or pharmacy practice, sometimes including business management. Biopharmacy includes aspects of formulation relating to bioavailability and drug metabolism, thus linking pharmaceuticals, chemistry and pharmacology.

Pharmaceutical chemistry retains much of its former character but includes increasingly sophisticated techniques and covers areas of biochemistry related to drug metabolism linking through pharmacokinetics to pharmacology.

Pharmacognosy has fallen into some disrepute and the title has disappeared from a few syllabuses but the essential content is retained in all courses as phytochemistry, drug evaluation etc.

Pharmacology, as the youngest of the four subjects, has not had time to change much from the generally understood pattern, but areas of growing importance include studies of action at both cellular and molecular levels, toxicology (including drug interactions) and structure-activity relationships. Although more emphasis is being placed on therapeutics, clinical pharmacology does not seem to have gained much status.

There is an awareness of the need to establish firmer links between pharmacy

*Continued on p 704*



## CAREERS AND EDUCATION

*Continued from p 703*

and medicine. Moves towards medicine are inevitable and the beginnings are already in our courses. Old fears of becoming second class doctors must be discarded.

When the apprenticeship lasted for years as part of the diploma course, its importance was seldom challenged but since its reduction to a single year its significance has perhaps been questioned more critically. The source of complaint has not been so much with the idea of preregistration training but with its practice. Too often have new graduates been frustrated by having to mark time for a year doing mundane tasks.

This was one of the reasons prompting the development of a sandwich-type course which allows the school of pharmacy closer supervision of the practical training and its relevance is emphasised by integration within the overall structure of the course.

The recently revised regulations of the Pharmaceutical Society of Great Britain emphasise that the "preregistration year is regarded as a period during which the graduate should acquire a mature and responsible attitude towards the practice of pharmacy in relation to the general public and allied professions". Guidelines emphasise that it should be a period of continuing education, during which contact should be maintained wherever possible with some sort of formal course in "pharmaceutical subjects or management techniques."

All attempts to vitalise the preregistration year are to be applauded and contribute to the death of the old idea of education ending with qualification to be replaced by the new attitude that pharmacists need a continuing education.

It is no longer possible to contemplate being trained in the art of pharmacy for life. To keep in touch with developments in pharmacy, a pharmacist's learning can never be complete.

### Better ability to communicate

While refresher courses are not new, there has been a great increase in their number in the past five or so years. The value of such courses remains to be assessed but at the very least they encourage individual pharmacists to keep in touch with new developments and bring them out of isolation into a larger pharmaceutical environment. This should improve their general function as pharmacists, should increase their ability to communicate and co-operate with the medical profession and should help them to be more valuable public counsellors.

As the future of general practice is almost certain to move increasingly from commerce, these courses would seem certain to remain a permanent feature of education and indeed may become, within the control of the EEC, compulsory.

Various hospital regions are developing comprehensive in-service teaching schemes continuing the work of the preregistration year, with a similar pattern of topics relating both specifically to pharmacy and to other aspects of hospital activities.

The middle sixties saw the rise of

a new fashion — one year, full-time courses leading to a master's degree. It has been said with some cynicism that the prime moving factor behind the rush to the drawing-board was academic imperialism. Many plans were never realised as the government intervened by rationing financial support and only a limited number of such courses are in existence.

These courses — eg in biopharmacy, clinical pharmacy, management, etc. — offer specialisation beyond the level of primary degrees. They tend to be aimed at industry or hospital pharmacy and there is yet insufficient information to assess their value. Some supporters of the system tend to view such courses as simple extensions of the initial qualification and a means of avoiding specialisation within the over crowded primary course. Opponents insist that it is yet another year detached from reality and that greater value could be obtained by a part-time continuation course of longer duration during service either in hospital or industry.

It is possible that MSc courses in pharmacy will be short-lived. If the directive of the EEC relating to pharmaceutical education is accepted, it seems certain that the qualifying course for the profession will be at least four and a half years in university. This would mean an extension by more than a year of English courses and could result in an absorption of what are presently viewed as MSc studies within the bachelor degree.

### 'Too much time as bottle fillers'

The frustration of many graduates and cynicism of many opponents to the high qualifications of pharmacists almost certainly will become quaint comments from the past when the value of properly trained technicians is recognised. Too many pharmacists spend too much time as bottle and basket fillers in both general and hospital practice.

There has been considerable resistance to this idea, based on selfishness and fear that the pharmacist would lose status — and perhaps place — to technicians, although these emotions have been veiled behind concern for a responsible job not properly fulfilled. The hypocrisy of such views is clearly revealed when we consider the prevalence of unqualified dispensers in retail. Supervision is vitally important but in both retail and hospital the quality of supervision by the pharmacist can be increased greatly if there is assistance from suitably qualified personnel able to accept limited and well-defined responsibility. The case for drastic reductions in the General Sales List would be considerably strengthened if the sale of medicines in pharmacies was clearly seen to be supervised.

Courses such as those organised by the Society of Apothecaries and the City and Guilds of London produce a type of person who should be seen not as a rival to the pharmacist but as part of a relief force which will allow the pharmacist to concentrate more fully on those aspects of his occupation for which he was so carefully prepared.

# Qualification by sandwich course

*The first students taking the sandwich course in pharmacy at Bradford University graduated this summer. In this article, Mrs Christine Davies, one of these graduates, gives her opinions on the benefits or otherwise of integrating the degree course with practical training.* The concept of a sandwich course for a university degree in pharmacy, may be still completely new to some people, so a good point to start would be to describe the course, the reasons for its existence and its aims.

The course is a "thin sandwich", that is, the one year practical training period for registration with Society consists of two periods of six months, contained within the theoretical part of the course.

The first six month period is undertaken in the third term of the second year and during part of the summer vacation. In the second term of the second year the student sits part one of the final examinations and must be successful for the following six month training period to constitute the first half of the MPS qualification. This is a ruling of the Pharmaceutical Society.

The second six month period of practical training takes place in the first two terms of the fourth year. The final examinations are taken on returning to the university during the third term of that year. Other major examinations are taken at the end of the third year.

A sandwich course in pharmacy was considered a feasible innovation at the University of Bradford, as it is basically a technological university. Many of its degree courses are vocational and many sandwich courses have been started. Some are "thick sandwiches" in which the student spends, for instance, the whole of the third year doing practical training.

### Advantages

The advantages of these types of courses, in my opinion, are that students can put into practice their theoretical knowledge earlier in their careers and can thus see more relevance to their university work and learning. The practical experience can also help in the examinations that follow, as greater understanding of the subjects involved may be acquired and better examination results obtained. In pharmacy, this may be especially true with students who normally would not work in any branch of the profession before graduating.

Another great advantage of the new sandwich course is that the students can enter two different branches of the profession during his university course

*Continued on p 707*



DEPARTMENT OF PHARMACY  
Head of Department: E. A. Rawlings MSc PhD FRS

## Pharmacy

## Degree

## Courses

BSc and BSc with Honours, of the Council for National Academic Awards. Facilities available for Postgraduate research leading to degrees of MPhil and PhD.

Application forms and particulars from:  
The Academic Registrar (R94) Brighton Polytechnic, Moulsecoomb, Brighton, BN2 4GJ.



**Brighton  
Polytechnic**

### CHEMISTRY AND METABOLISM OF DRUGS AND TOXINS:

An Introduction to Xenobiochemistry

Michael Briggs, DSc, PhD, FRIC, FIBiol.

Maxine Briggs, MB, ChB, DPH.

There is increasing awareness of human exposure to "foreign compounds" arising from the growing use of pharmaceuticals, together with substances used by industry in food and cosmetics. This book reviews what is known of the chemical structures of drugs, food additives and naturally occurring toxins of bacteria, fungi, poisonous plants and venomous animals. The metabolism of these substances by humans is reviewed and modes of action are described.

386 pages 100 illustrations of chemical formulae £5.00 net

### PHARMACOLOGY

For Student and Pupil Nurses and Student Pharmacy Technicians

Bernard R. Jones, FPS.

Every retail Pharmacy will find the above book, useful which has been recently revised. Technicians, both student and qualified, are given an invaluable aid to acquiring that degree of knowledge of the use and action of drugs which is so essential to the complete dispenser, presented in an unusually enjoyable and informative way.

The book is recommended for preparation for the Apothecary Hall and City & Guilds examinations, and indeed for all assistants who handle medicinal products.

256 pages limp bound 8½ x 5½ inches £1.80 net

**WILLIAM HEINEMANN MEDICAL BOOKS LTD.,**

**23, Bedford Square, London WC1B 3HT**

Telephone: 01-580 9049/4302 01-637 3978



## Careers in Retail Pharmacy

Retail Pharmacy with Boots The Chemists offers excellent opportunities and conditions for members of both sexes who seek a progressive and rewarding career.

- Comprehensive pre-registration experience
- Planned programme of Business and Management Training
- Excellent rates of pay
- Christmas Bonus and Profit Sharing Scheme (after qualifying period)
- Managers' Bonus Scheme
- House Purchase Scheme
- Five-day week (or additional holiday/remuneration)
- Company Pension Scheme incorporating Life Assurance
- Equal pay and equal opportunities for promotion
- First-class prospects for career development

We invite Pharmacy Undergraduates, Graduates and Registered Pharmacists to apply for further information about career opportunities and vacancies. Introduction Forms are available for final year undergraduates who wish to be considered for pre-registration experience commencing in 1975. Subsequent interviews will be arranged locally.

Please write to:

**The Retail Staff Manager (CD),  
Boots The Chemists Ltd.,  
Nottingham, NG2 3AA**



# Pitman Medical



## *Cooper & Gunn*

### **DISPENSING FOR PHARMACEUTICAL STUDENTS**

Edited by C. GUNN & S. J. CARTER

11th Edition 593 pages Fully illustrated **£7.00** net

### **TUTORIAL PHARMACY**

Edited by S. J. CARTER

6th Edition 488 pages Fully illustrated **£6.00** net

*The friends and companions of Pharmaceutical Students for 38 years.*



## **CAREERS IN CO-OPERATIVE PHARMACY**

Join the  
**NEW LOOK CO-OP**  
at management or pre-management level

Country-wide opportunities to  
**ACQUIRE MANAGEMENT SKILLS**  
AS YOU MANAGE

Tuition courses available in fundamentals of management, personnel management, management accounts/statistics, merchandising, company law, etc.

Generous salaries and big company benefits.

Interviews arranged with our Executive Pharmacists.

Write NOW to:—  
**Mr D. Davison, MPS,**  
Chief Executive Officer/Superintendent Chemist,  
National Co-operative Chemists Ltd,  
Briscoe Lane, Newton Heath,  
Manchester M10 6TX.

**CHELSEA COLLEGE**  
UNIVERSITY OF LONDON

## **DEPARTMENT OF PHARMACY**

Head of Department:  
Prof. Arnold H. Beckett, D.Sc., Ph.D. (London), F.R.I.C., F.P.S.

### *Degree Courses*

**B. PHARM.** with Honours

**M.Sc.** by course work in

**BIOPHARMACY, PHARMACEUTICAL  
ANALYSIS and PHARMACEUTICAL  
TECHNOLOGY**

**M.PHIL.** and **PH.D.** by research

### *Pharmacy Extension Courses*

Designed for General, Hospital, Industrial and  
Research Pharmacists

Particulars from

**THE ACADEMIC REGISTRAR,**  
**CHELSEA COLLEGE**

Manresa Road, London, SW3 6LX



Continued from p 704

## CAREERS AND EDUCATION

# 1974 — a year of progress for hospital pharmacy

by R. M. Timson, BPharm, MPS, DAP, area pharmacist,  
North Nottinghamshire

1974 must surely be the year in which hospital pharmacy has seen the biggest change in its long history. Although "Noel Hall" assimilation has been undertaken piece-meal for some two years, in many cases the reorganisation has coincided with, or only narrowly preceded, that other reorganisation—that of the National Health Service itself in April. While the two were never intended to be coincidental, it does indicate how prolonged a process the pharmaceutical reorganisation has become.

Be that as it may, reorganisation has created many new management posts for pharmacists at regional and area level, whose job it is to manage, co-ordinate and develop the total pharmaceutical services, both in hospitals and the community in their region or area. The appointment of these pharmacists left vacant many former "chief pharmacist" posts in the larger hospitals. Progression up the ladder of promotion in 1974 has therefore been faster than at any time previously, resulting in young pharmacists finding themselves in a position to apply for, and in many cases obtain, senior posts several years before anticipated.

But now that the "job-rush" is over and pharmacists have settled into new posts and begun to take stock of the situation, what of the future? What influences a young graduate to undertake his year of practical training in a hospital pharmaceutical department and what will he hope to gain from it? What prospects does the recently qualified phar-

macist have to look forward to? How soon can he set his sights on principal or area posts? What about the graduate who may wish to specialise in a particular technical field?

Hospital pharmacy probably offers the widest scope and most comprehensive practical training of all the various branches of pharmacy. Besides the obvious functions of the dispensing of drugs for hospital patients, it offers experience in many other aspects, for example, in the clinical situation at ward level, in drug distribution systems, in the manufacture of pharmaceuticals, both sterile and non-sterile, and in the quality assurance of them. In addition it offers the opportunity for students to visit and to become familiar with the work in other departments of the hospital, eg medical physics, biochemistry, and the opportunity to see specialist medicine being practised, eg in intensive care units or surgery in theatres. Some insight into hospital finance and administration can also be gained during this year. Whereas in the past the quality of training was often largely determined by the facilities of the pharmacy department, the concept of area and regional training schemes enables the student to gain experience in a number of hospitals rather than just one. The introduction of organised training schemes, to include tutorials, seminars, lectures and visits to other departments, has provided the student with a more useful and meaningful transition from the academic life to that of a registered pharmacist who has to

Continued on p 708

and thus acquire a greater understanding of the posts open to him when he has a degree. A student on the normal three year course would probably spend his pre-registration year with one employer.

One of the reasons I embarked on the sandwich course was to use the two six month periods of practical training to obtain wider experience in hospital pharmacy, as I had pre-university experience in retail pharmacy. I hoped this background would open a wider selection of posts to me, even if I did not achieve my ambition of entering the pharmaceutical industry.

Consequently I spent the two periods of training in the course in two hospitals in different areas, Bradford and Sheffield.

The 12 other students and myself, who were the first graduates of the sandwich course had, I think, some advantages and also suffered from some disadvantages over students who will follow us. One of the advantages was that we could choose where we wished to do our periods of training—in different or the same branches of pharmacy. In the future, students will probably have to carry out their training periods in two different branches of the profession. However, if a student could present good reasons for staying in one branch, I would not think the system would become so rigid as to prohibit this completely.

## Few problems

Another advantage we had was that there were few of us and so communication between students and staff was much easier than if there had been a larger group. As we were "guinea pigs" for the course, so to speak, the curriculum, especially during the final term in the university, was not tried and tested and a few problems arose that had to be ironed out. But this did not prove too big a drawback because communication with the staff was good, they listened to grievances sympathetically and acted promptly to resolve them if at all possible. I think both students and staff were very much aware that problems should be sorted out for the future.

I looked forward to returning to university for one term after the second six month period of training, to study some slightly different aspects of pharmacy usually not touched upon in the three year course. However, although I think the students enjoyed these aspects of the last term, it was quite difficult for some to return to university to study, having been working and earning money for six months and not having studied for about a year. The forensic pharmacy examination and dispensing tests were also taken in the last term and were somewhat easier to pass because of the MPS experience.

I am now working happily as a licensing and registration officer in the pharmaceutical division of a British company and my experience of retail and hospital pharmacy is certainly helping me in this capacity. The sandwich course was more relevant to my current appointment than the three year course would have been and has equipped me for a wide selection of pharmaceutical posts.

Sterile filtration  
in a laminar-flow  
work station in  
a sterile products  
unit





## CAREERS AND EDUCATION

*Continued from p 707*

take a responsible attitude to his work and to people around him.

The first year as a basic grade pharmacist should be regarded as a continuation of what has been learnt in the pre-registration year—it is still a training grade. The pharmacist now has the opportunity to broaden his experience in some or all of the branches of hospital pharmacy which interest him. The concept of the resident pharmacist is one which is ideally suited to this period in his career. It is probably the quickest way in which he can build his pharmacological and therapeutic knowledge and at the same time his self-confidence and depth of experience.

During this time the pharmacist has the best opportunity of further education in the form of part-time masters degrees or diploma courses. Many universities and polytechnics now run such courses, many of them designed specifically for hospital pharmacists, on a one or two-day release basis from the hospital.

The first truly managerial grade is that of staff pharmacist, which gives the opportunity to manage a section of the work of the department and control a team of technicians, assistants, possibly students and another pharmacist, or to manage the total pharmaceutical service in a smaller hospital. Management at any level involves the ability to obtain the best from one's subordinates, to deal with human relationships and the associated problems, and to make decisions which may on occasions not be popular with some supporting staff, at the same time maintaining their respect. The staff pharmacist post has a far wider concept and much stronger management role than the "senior pharmacist" post it replaced.

Staff pharmacist posts are generally linked to specific responsibilities such as the organisation and development of a ward pharmacy service, the running of a sterile products unit, or the management of an information service. Each post carries with it a responsibility which cannot be treated lightly. The staff pharmacist is expected to be critically aware

of his responsibility, be constantly seeking to expand the facilities or improve the service and to ensure that staff working below him are adequately trained to meet the high standards he sets.

Principal pharmacists carry the overall responsibility for the management of the pharmaceutical services within the larger hospital pharmaceutical departments. In addition, many have the responsibility for smaller hospital units in their district which do not themselves have a pharmacy department. Routine visiting is of particular importance since the aim must be to provide a pharmaceutical service comparable in quality to that of the main hospital, as many of these smaller hospitals have acute medical beds. The role of the principal pharmacist, or staff pharmacist in charge of a smaller hospital pharmacy, is to co-ordinate the work of the pharmacists under him and to manage the pharmaceutical service. "Delegation downwards, accountability upwards" is an adage which is proven to be true. Every "chief" needs to be able to delegate responsibility for carrying out a particular function and know that it is being done to his wishes. Communication must be a two-way process, as must be the case for new ideas and development. It is a joint undertaking and a responsibility which rests with all pharmacists irrespective of grade.

### Ward pharmacy

One of the major growth areas in hospital pharmacy in recent years has been the development of ward pharmacy which enables the pharmacist to participate in total patient care at ward level and give his knowledge to medical and nursing staff. In some hospitals pharmacists are able to join in clinical ward rounds and to sit in on medical seminars where patients' cases are discussed. These activities strengthen the pharmacist's role as a member of the health team and allows a much closer working relationship between pharmacists, nurses and doctors.

Pharmacists are involved in training in various forms. In many hospitals they lecture to nursing staff and other disciplines on the uses of drugs, while student pharmacy technicians are trained for their qualifying examination by pharmacists either "in-service" or on a day-release basis at a technical college.

Some pharmacists may wish to specialise in a particular technical field, and in many regions specialist principal posts are being set up, enabling the pharmacist to remain for some time in the speciality of his choice and still have a career structure to look forward to. It allows him to "build his empire" and to organise the development of his speciality throughout the region or sub-region. Such specialities include sub-regional sterile products manufacture, regional information services, regional or sub-regional quality control. At present, not all regions are this far advanced, but it is to be hoped that many more specialist principal appointments will be made and with them the necessary numbers and grades of supporting staff. In times of rapidly expanding pharmaceutical knowledge in all spheres, pharmacists with high levels of



Drug information room in a Notting-hamshire hospital pharmacy

technical expertise are essential for the rationalisation of procedures and the further development of hospital pharmacy.

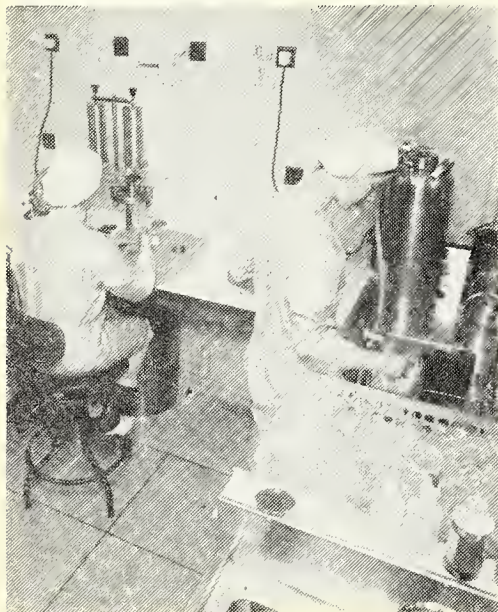
The speed of promotion of a particular pharmacist from one grade to the next is so varied as to be indefinable, as it depends upon a multitude of factors, such as experience, age, personality, whether he is prepared to move to another area, etc. However, what can be said is that although promotion will never be as fast as it has been in the past 12-18 months, the prospects for the future are certainly brighter than at any time previously. The ambitious, enthusiastic, forward-thinking pharmacist should be able to progress to a principal grade within a few years of registration.

Besides being a member of the Pharmaceutical Society of Great Britain, the hospital pharmacist has the opportunity, and should be actively encouraged, to become a member of the Guild of Hospital Pharmacists. Each local branch holds a number of professional as well as social meetings throughout the year which, as well as being informative and educational, allows pharmacists to meet and get to know pharmacists from other hospitals. The Guild has recently become a member of the NHS branch of the Association of Scientific, Technical and Managerial Staffs, which has taken over the responsibility for all non-professional matters of the Guild, including negotiation of salaries, conditions of service, etc.

With the large salary increases recently negotiated which become effective from January 1, 1975, the career grades of staff and principal pharmacist will be financially encouraging and recruitment will improve. The new staff pharmacist scale will start at £3,345 rising by six annual increments to £4,377, while the minimum on the principal pharmacist scale will be £4,482 with a maximum of £5,796. The pre-registration student will receive £1,950 and the basic grade pharmacist scale will start at £2,325, rising by six annual increments to £2,994.

It is to be hoped that at last hospital pharmacists can be considered not as the poor relations of pharmacy, but as the forerunners of the profession, both financially and in the opportunities now available for a varied, satisfying and exciting career.

Routine filling of solutions in a sterile products unit



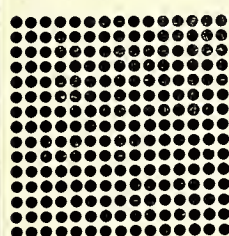


**Sunderland Polytechnic**Rector: *M. Hutton, BA, PhD, FIMA***Faculty of Science  
Department of Pharmacy  
and Biology**Head of Dept: *F. H. Oliver, BSc, FIPS*

Courses leading to:

**BSc, BSc (Hons)  
PHARMACY****BSc (Hons)  
PHARMACOLOGY**Research:  
Facilities and awards  
leading to**MASTER OF  
PHILOSOPHY  
DOCTOR OF  
PHILOSOPHY****Halls of Residence**For details of these and all other  
courses write to The Academic  
Registrar, Sunderland  
Polytechnic, Chester Road,  
Sunderland SR1 3SD.

Telephone: (0783) 76191

**SUNDERLAND****POLYTECHNIC****UNIVERSITY OF BATH****School of Pharmacy and Pharmacology**

Head of Department:

Professor D. A. Norton, B.Sc., F.P.S.,  
F.I. Biol., D.B.A., A.C.T. (Birm)**Postgraduate Studies in the  
Pharmaceutical Sciences**

(M.Pharm., M.Sc., Ph.D. by research)

Candidates for admission in October 1975  
are advised to write for a copy of the Post-  
graduate Prospectus fromThe Secretary and Registrar,  
University of Bath,  
Claverton Down,  
BATH. BA2 7AY.Short refresher and extension courses for  
general, hospital and industrial practice  
(including courses under Health and Welfare  
Services Regulations).Details are published in the pharmaceutical  
press from time to time.Course Organiser: Mr. J. I. Harris,  
School of Pharmacy and Pharmacology**BEECHAM  
PHARMACEUTICALS**Beecham Pharmaceuticals is one of  
the largest British owned  
Pharmaceutical Companies in the  
United Kingdom, supplying  
antibiotics on a world wide basis.Pharmacists play an essential role  
throughout Beecham Pharmaceuticals  
and there are good opportunities  
for career progression. To maintain  
and expand our activities we need  
more high calibre Pharmacists in  
the following areas:-**FORMULATION DEVELOPMENT at**Worthing, Sussex  
Crawley, Sussex  
Leatherhead, Surrey**PRODUCTION at**

Worthing, Sussex

**REGULATORY AFFAIRS at**Brockham Park,  
Near Dorking, Surrey**PHARMACOLOGY at**

Harlow, Essex

**We can arrange for pre-registration  
experience in Hospitals and welcome  
students during the summer vacations.***Please write for further details and an application  
form, stating primary area of interest and quoting  
reference number CD/1 to:-*Richard Hart-Jones,  
Graduate Recruitment and Training Officer,  
Beecham Group Limited,  
Beecham House,  
Great West Road,  
Brentford,  
Middlesex  
TW8 9BD



**There's  
something  
special  
about a career  
with  
E. Moss Ltd.**

● A PRIVATE Company CONTROLLED ENTIRELY BY PHARMACISTS and immune from takeover.

● Large enough to provide excellent career opportunities but small enough to retain that personal touch.

● Promotion to senior positions is from within the Company.

● Facilities for comprehensive preregistration training, with external courses in management.

● Monthly paid bonuses up-date earnings month by month to assist with the problem of the increasing cost of living.

● Living accommodation or assistance with house purchase.

● Modern Pension Scheme with substantial Free Life Assurance.

Whether you will be graduating in 1975 or are already registered write now for an interview (travelling expenses paid) to:

**MOSS**

B. M. Andrews, B.Pharm,  
M.P.S.,  
E. Moss Limited,  
Fern Grove,  
Feltham, Middlesex,  
TW14 9BD  
Telephone: 01-890 9333

**Put your money  
where your job is!**

**BUY BRITISH!**



*A sound economic truism*

*from the*

**London Executive Placement Bureau**

## **BOOKS**

**Any book, English or Foreign,  
referred to in this Journal  
may be obtained from  
H. K. LEWIS & CO. LTD.**

*Catalogues on request Please state interests*

### **SCIENTIFIC & TECHNICAL LENDING LIBRARY**

**Annual Subscription from £3.00**  
*(Reduced rates for multiple subscriptions)*

Prospectus and Quarterly List of new books  
and new editions added to the Library  
post free on request

H. K. LEWIS & Co. Ltd.  
136 Gower Street, London WC1E 6BS  
*Telephones: 01-387 4282*

## **PHARMACEUTICAL INDUSTRY CAREERS**

Careers in the Pharmaceutical Industry are described in a booklet obtainable free of charge from the

### **ASSOCIATION OF THE BRITISH PHARMACEUTICAL INDUSTRY,**

Information Services,  
162 Regent Street,  
London, W1R 6DD  
Tel: 01-734 9061



## CAREERS AND EDUCATION

# 'Part scientist, trader, lawyer, philosopher, economist' . . . . .

Is retail pharmacy the career for you? asks Mr W. P. Mallinson, MPS, AMBIM, ACIS, pharmacy superintendent, Westons Chemists

Not too many years ago the idea of writing to pharmacy students to tell them about retail pharmacy would never have been considered necessary. The apprenticeship system made sure that students knew exactly what working in a retail pharmacy meant.

Nowadays it is much more difficult for the budding pharmacist to choose between one branch of the profession and another; even perhaps to imagine what is expected of a pharmacist by the public, by his colleagues and by his employers.

While the profession of pharmacy is changing all the time the largest branch of it is still much concerned with retailing. About half of the income of the average pharmacy comes from dispensing prescriptions and the remainder from selling goods "over the counter." The pharmacist will use his professional knowledge and will observe professional standards in both these activities but to the public he is still primarily a supplier of goods. To be successful in retail you need to be both a professional pharmacist and retailer and to derive satisfaction from both.

Retail pharmacy in Britain is made up of over 11,500 individual pharmacies and they show amazing variations in size and style, ranging from the one man, corner pharmacy to the city centre department store and from the so called ethical pharmacy, devoted almost exclusively to dispensing and the sale of medicines, to those where purely pharmaceutical activities occupy a subsidiary role.

## Period of change

Pharmacy is in the middle of a period of immense change. In 1955 there were over 15,300 registered pharmacies. This number has declined steadily every year until at the end of 1973 only 11,673 remained on the register, a loss of nearly 25 per cent. It seems likely that the drop in numbers will continue for several more years yet. This shrinkage has been a reaction to simple economic pressures. The pharmacist has had to meet sharply rising costs and increased competition from the supermarkets and other traders.

One result of the downward trend is that the number of prescriptions handled in the remaining pharmacies has increased and so pharmacy has become more dependent on the NHS and less dependent on over-the-counter trade than it was previously and it is likely that this trend to more professionalism will continue.

The multiple and co-operative pharmacies are less dependent on the NHS as a source of income, probably because they have been generally more successful in competing with other traders. In the past

few years moves have been made to assist the independent pharmacist to improve his sales by the organisation of voluntary buying groups which enable him to buy at lower prices, take part in joint marketing ventures and so make him better able to meet competition. The multiples and co-operatives account for about 17 per cent of the number of retail pharmacies but it is estimated that they have nearly a 50 per cent share of sales because they generally have branches of a larger size, in better positions and have invested capital in modernisation.

## 'Typical pharmacy'

The "typical pharmacy," if there is such a thing, deals with just over 500 prescriptions a week and sells other goods to a weekly value of about £340. The owner-pharmacist will need to be at least moderately good at many things. He must be part scientist, part trader, part economist, part lawyer and part book-keeper.

If he can also be part psychologist and philosopher so much the better, because above all he must be "good with people." He must secure the interest and command the support and loyalty of his staff; he must also show competence, courtesy and consideration in dealing with customers of all types with whom he will come into contact. He will spend much of his working life meeting, helping, advising, reasoning with or just chatting to people.

The work of the pharmacist manager is similar in many ways but as the size of the pharmacy for which he is responsible increases so is more of his time spent in management and less in the profession for which he was trained.

This then is the career on which the majority of pharmacy graduates enter for their preregistration experience. It is an important stage in their development, a time when they learn to use their theoretical knowledge in a practical manner. During this time they must develop a sense of professional responsibility and duty to patients and colleagues and also see in practice the legal requirements relating to supply of medicines.

This period of training consists essentially of working alongside and under the supervision of a pharmacist, learning partly by example and partly by making, discovering and correcting one's own mistakes. If the training is being undertaken with one of the multiples the practical experience gained in the pharmacy will probably be supplemented by formal training in business subjects.

The wise graduate will see this as a period of opportunity to build solid foundations for his future career. While a

number of proprietor pharmacists are willing to take the trouble and bear the expense of offering places to graduates, most entrants seek a position with one of the multiple companies who are often better able to provide specialised training and to absorb the cost of employing a relatively expensive member of staff.

After registration as a pharmacist the typical pattern of career development could be a short period spent as an assistant or relief pharmacist followed by appointment to the management of a small branch pharmacy. Promotion to some larger branch will probably follow quite quickly when the new pharmacist has shown his ability and gained the self-confidence which comes only from standing on his own feet. In the past, probably most young pharmacists saw ownership of a business of their own as being their ultimate goal. Now many see equally good career opportunities in pharmacy management with prospects of promotion to control of a large pharmacy or an executive or administrative position.

The financial rewards in retail pharmacy are attractive to the new entrant. Salaries offered to graduates undertaking preregistration training during 1974 are from £1,500 per annum upwards and the newly registered pharmacist can expect a salary of perhaps £2,300 to £2,500. The remuneration of a retail manager is usually related to the turnover or profitability of his pharmacy and may vary from £2,600 per annum up to £5,000 or more.

Promotion can come relatively quickly, being dependent on ability and the willingness to work hard and accept responsibility rather than solely on length of service. Pharmacy is one profession where discrimination against the female entrant is virtually non-existent and the young female pharmacist enjoys the same rate of remuneration and opportunities of career development as her male colleague.

## Demanding job

If you are looking for a job with short hours and long holidays, one where you will need to make little effort and be free of anxieties, then retail pharmacy is not for you. In retail your working days will be busy and filled with an everchanging variety of tasks. Your work will be difficult and demanding and sometimes must be completed under pressure or in a hurry. You will encounter a touching, often misplaced, faith in your ability to decipher the illegible, remove stains from carpets, render first-aid, advise on social security benefits or foggy photographs and an open disbelief that you may know anything at all about drugs. Your well-meaning efforts will be rewarded with impatience, cynicism, argument and, just occasionally, gratitude because pharmacy is to do with people and that's what people are like.

On the other hand pharmacy is concerned with helping people and in no other branch do you come into such close contact with those you are seeking to help. You may find, as many others have, that retail pharmacy is a uniquely absorbing, interesting and satisfying career; a career with a challenge but offering unlimited opportunities to those who are able and willing to meet it.



# Remploy give you an exceptional range of walking aids



Like the Remploy Fixed Height Walking Frame illustrated above right and the Remploy Quadruped Walking Aid illustrated above left, designed in lightweight tubular alloy to provide stability and mobility for the user.

The Fixed Height Walking Frame conforms to the Department of Health and Social Security and British Standard specifications and is available in three sizes. The Quadruped Walking Aid is fitted with non-slip ferrules, is fully adjustable and is also available as a tripod.

These are just part of a whole range of orthopaedic equipment manufactured by Remploy, major contractors to the Department of Health and Social Security and world wide exporters.

The full range includes Surgical Footwear, Limb Appliances in Metal, Leather and Polythene, Crutches and Rehabilitation Equipment.

Remploy provide a unique measuring and fitting service for all their appliances and footwear.

Remploy also produce two orthopaedic brochures which are an important aid to work in the field of Orthotics. Should you require this literature, write to the following address and Remploy will be pleased to send it to you.

## Remploy

**an exceptional name in more ways than one**

Remploy Limited (Orthopaedic Division)  
Remploy House, 415 Edgware Road,  
London NW2 6LR. Telephone: 01-452 8020

# Beautisales

We're good for business.

**Jochem's Hair Preparation**  
170cc

£7.80 per dozen + VAT  
Retail price £1.05 each

**Gill's Medicated  
Dandruff Remover Shampoo**

75 cc

£1.56 per dozen + VAT  
Retail price 22p each

**Gill's Grey-Go Lotion**

75 cc

£3.12 per dozen + VAT  
Retail price 43p each

Obtainable from your local wholesaler  
or direct from:

## Beautisales Ltd

35 Old Bond Street, London W1X 4JH.

Tel: 01-493 2565/6.

# OUR RUSTINGTON DIVISION

## has the capacity

**to make and fill liquids and  
creams for the pharmaceutical,  
cosmetic, and toiletry industries.**

**HOME AND EXPORT**

- customers' own material  
a speciality.

**strict quality control at all  
stages.**

Facilities available mainly directed towards  
medium-large size production runs.



**ARTHUR H. COX & CO. LTD.**  
**BRIGHTON ENGLAND.**

Telephone Rustington 3237  
Brighton 63084/6

Telex 87432



# Professional News

Pharmaceutical Society of Great Britain

## Mr Stevens gives Council's view on the inspectorate

Letters and discussions arising out of speeches made recently concerning the Society's inspectors had caused considerable misapprehension and disturbance, said the Society's president, Mr C. C. B. Stevens, at November's Council meeting.

The inspectorate felt in doubt as to whether it was appreciated or understood, and whether it was regarded in its proper light as a body of professional colleagues, he continued. The second misapprehension was the feeling that the Society was anxious to divest itself of the inspectorate and powers it exercised.

The Council valued all its employees and no less its inspectors, Mr Stevens went on. It regarded them as professional colleagues . . . doing a difficult job, which was at times bound to be criticised by some aggrieved members. On the whole the inspectorate was welcomed by members, who, through the drug testing scheme if in no other way, had demonstrated their preference for a professional colleague rather than representatives of an outside body.

It was on record in the Council's minutes some years ago when the Medicines Act was still in the Bill stage that the Council was anxious to retain the inspectorate, and that it would wish it to have no less powers under the Medicines Act than it had maintained over the years under the Pharmacy and Poisons Act and subsequent legislation. In fact, said the president, it was the declared policy of the Council that the Council should not only consistently exercise the powers, duties and privileges already given it in the Medicines Act, but should where possible seek to extend them.

### Minister looks at rural dispensing

Rural dispensing was the subject of a meeting between Society and Central NHS Committee representatives and Dr David Owen, Minister of State, Department of Health, on October 31. The Society had presented examples of the way in which the businesses of pharmacists in rural areas were being eroded by increased doctor dispensing. Dr Owen had indicated that there was considerable justification for pharmacy's case. He had undertaken to give the matter his personal attention and to meet representatives of the medical profession to explore the possibility of finding an agreed solution. He would also again look at the detailed procedures adopted at local level for deciding whether doctors should be permitted to begin dispensing for new patients.

On the matter of pharmacies in health centre areas, the Practice Committee recommended, and the Council agreed, that a further approach should be made to the Department of Health concerning

the inclusion of two clauses in any new health legislation. One would make it clear that pharmacists could only be employed by area health authorities in health centres to provide Part IV services where they could be employed by local health authorities under the Health Services and Public Health Act 1968 or where there were other exceptional circumstances. The second clause would concern the control of the issue of NHS dispensing contracts near health centres or group medical practices. Such a clause proposed for the NHS Reorganisation Bill last year had been "negated".

### Title application

The registrar, Mr D. Lewis, reported that the Royal Institute of Chemistry was applying for a supplemental charter which would include the right to use the term "chartered chemist". The Institute had asked the Society to note that the statement in the Royal Charter of 1949 — that the institute had no desire to duplicate the duties or encroach upon the privileges of the Pharmaceutical Society — would remain, and a supplemental charter would not affect it. All that the RIC asked for was that the Council should take no active step to oppose the Institute's desire to adopt the term. Mr Lewis emphasised that the Society would be losing nothing—"chemist" was not in itself a protected title.

The president said that the RIC could be told that the Society would not actively oppose the application to use the term, but that the use of the word "chemist", as the Society knew it, was protected. The Council agreed to that and also that the Society's EEC (Policy) Committee should study the matter to see if there was any implication relative to Draft Directive II and the responsible person in industry.

The general practice subcommittee considered the recent British Medical Association report on primary health care teams. In it there was a suggestion that nurses should "initiate therapy". If that meant that nurses would write prescriptions then the subcommittee believed the Department of Health should be asked whether it was going to consider the report and which committees would deal with it. Following recently expressed opinion that nurses with relevant training in family planning clinics should prescribe oral contraceptives, Dr Michael Smith (chief medical officer, Family Planning Association) is to be invited to meet representatives of the Society.

Suggestions put forward by CIBA Laboratories Ltd on the matter of dispensing containers for strip and blister packs were considered by the subcommittee. CIBA had been commenting on the draft

British Standard for dispensing outers which had been prepared following representations made by the Society. It was decided that Pira (the research association for the paper and board, printing and packaging industries) should be approached on the possibility of producing a suitable telescoping carton which would collapse and therefore stack easily, but would provide the necessary rigidity and flexibility of size when assembled.

The Prices Commission is to be approached by the Society on the question of how the Prices Code would apply to the Society's recommended scale for pricing private prescriptions and counter prescribed medicines. The scale undoubtedly required revision said the subcommittee.

The proposals for a repeat prescription scheme within the National Health Service are being "actively pursued" by the Department who had written that "formidable practical problems" were associated with the proposals, but its printing and stationery branch was undertaking a feasibility study and costing exercise relating to production of special prescription pads. A small trial was in hand, using some of the special forms sent by the Society, to obtain an indication of the loss of legibility during handling of the form from issue until completion of pricing procedures and the checking of exemption declarations. In addition, the NHS legislation was being looked at to identify any necessary amendments.

### British Isles study of general practice

The role of the general practice pharmacist in patient care is to be the subject of a meeting in London between the Pharmaceutical Societies of Britain, Northern Ireland and the Irish Republic.

Dr D. H. Maddock considered there was a need for a course on general practice aspects of pharmacy for area pharmaceutical officers. It was agreed that the need should be put to the chief pharmacist at the Department suggesting that it should be arranged by the Department.

Branch and regional grants are to be increased by 15 per cent with effect from April 1, 1975, but there will be no change in the regional conference grant which remains at 3p per member, it was decided. On commercial sponsorship of branch meetings, the Organisation Committee had no objection providing that branches used their discretion to ensure that the character of meetings was not changed.

Following the decision by the Co-operative Union that trading stamps were to be issued with eventual general sale list medicines, the Ethics Committee discussed what course of action to follow. Various moves were agreed, among them a decision that a letter should be sent to all superintendent chemists of Co-operative Societies and all pharmacists in personal control of Co-operative pharmacies reiterating the Society's view on stamp trading.

It was also agreed that the legal advisor to the National Co-operative Chemists Ltd should be informed of the action and his attention drawn to the fact that the Committee had considered whether a ban should be imposed by the Society's journal on advertising for pharmacists by the Co-operative Societies.



# Letters

Continued from p 699

appear to be impossible. However, there are means of rationalising the existing situation. The *C&D* have already suggested a scheme.

I would urge those who would like to hear more about possible solutions to attend the Anglia Region symposium "New automatic stock control methods for general practice and hospital pharmacists" to be held in London on November 17.

**C. Victor Hammond**  
Bishops Stortford, Herts

## Cash problems

The Glaxo Group's credit stringency proposals show a callous disregard for the plight of the independent pharmacy. How can I "pass on the pressure" to the Health Ministry?

If this move causes any reduction in my monthly settlement terms with wholesalers I shall cease, where possible, to stock Glaxo products and sever my connection with their wholesale outlet, and I hope that my colleagues will do the same.

**Christopher Galloway**  
Coulsden, Surrey

## An open letter to Xrayser

After your literary debacle of last week concerning the Lincolnshire Conference you will surely be altering your column title from "Topical Reflections by Xrayser" to "Tropical Reflections by Hair-raiser". Tropical most certainly—for getting yourself hot under the collar and "Hair-raiser" for the alarming, almost frightening, inferences you draw.

Oh Hair-raiser, how could you claim I give the impression of not thinking too highly of my professional colleagues? I hold them in such great esteem that I freely devote 25 per cent of my working hours at considerable expense and inconvenience and not a little neglect of my own business on their behalf. My sole aim is to see chemists not only survive—but thrive.

Poor Hair-raiser, how I pity you and your misunderstandings. You claim I deprecate the professional approach. I advocated us all—multiple and independent alike—taking a long searching look at ourselves and our businesses to make them a credit to our profession. I stressed the importance of not only giving a professional service but of being seen to give it and emphasised the necessity of training staff to refer any matter requiring professional advice to the chemist for his personal attention. Counter prescribing presented unprecedented opportunities and a 24-hour service was a must for every Committee represented at the conference to give urgent consideration to at local level.

Really Hair-raiser, how dare you claim that I am inconsistent in stating the necessity for a more commercial approach. You know as well as I do, that in general

## Will doctors give service?

I was under the impression that "Comic Cuts" had disappeared from circulation, but it seems to have been revived in a new form known as *Pulse*. We should, however, as a profession be more than grateful to two recent contributors. The first has given as a guide line to doctor dispensing the fact that "service to the patient is the only criterion". I take it that we can now expect full co-operation from the medical profession in establishing that all dispensing doctors will immediately:—

☐ Hold the same comprehensive stock as the pharmacist they seek to replace and supply all medicines "with reasonable promptness".

☐ Always prescribe the most appropriate drug and obtain it with the same promptness.

☐ Personally supervise all dispensing.

☐ In the *interests of the patient* accept that all doctors' practices be tested and sampled exactly as is done in the case of pharmacists.

To Dr Cargill, however, we should express our greatest appreciation and admiration. His letter illustrates better than anything I could write, his complete ignorance of dispensing techniques and forms the perfect argument against doctor dispensing.

**Edwin C. Evens**  
Plymouth

## Coming events

### Monday, November 18

**Aberdare, Merthyr and Rhondda Valleys Branch, Pharmaceutical Society, Criterion Hotel, Pontypridd, at 8 pm.** Mr G. Thomas on "The work of the Pricing Bureau".  
**Pharmacy Group, London and Home Counties Branch, Socialist Medical Association, House of Commons, London SW1, at 7 pm.** Discussion on "Pharmacy in the NHS", chaired by Mr Eric Ogden MP.

### Tuesday, November 19

**Colchester Branch Pharmaceutical Society, Postgraduate medical centre, Essex County Hospital, Colchester at 8 pm.** Discussion on use of restricted titles, branch boundary proposals and Branch Representatives meeting topics, etc.  
**Leicester and Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Royal Infirmary, Leicester, at 8 pm.** Mr S. Garratt on "African safari".  
**Liverpool Branch, Pharmaceutical Society, The Adelphi, Liverpool, at 8 pm.** Mr W. G. Fowler and Chief Inspector R. Owen (Liverpool police drug squad) on "The drug problem on Merseyside".  
**Reading and Berkshire Branch, National Pharmaceutical Union, Caversham Bridge Hotel, Reading, at 8 pm.** Talk by Mr T. P. Astill (deputy secretary, NPU).  
**West Kent Branch, Pharmaceutical Society, Wellcome Research Laboratories, Park Langley, Beckenham, Kent, at 8 pm.** Mr E. A. Cross on "The role of a regional pharmaceutical officer".

### Wednesday, November 20

**British Society for the History of Pharmacy and the Pharmaceutical Society, 17 Bloomsbury Square, London WC1 at 7 pm.** Mr E. E. Rich on "The pharmacopoeia of the Canadian fur trade".  
**West Cumberland Branch, Pharmaceutical Society, Hundith Hill Hotel, Cockermouth, at 8 pm.** Mr F. H. Oliver on "The food we eat and the things we swallow with it".

### Thursday, November 21

**Bedfordshire Branch, Pharmaceutical Society, Sun Hotel, Hitchin, at 8 pm.** Dr D. H. Shaw on "The gift of tongues".  
**Manchester and Salford Branch, Pharmaceutical Society, St Mary's Hospital, Manchester at 8 pm.** Dr T. J. Bradley on "The area pharmaceutical service and community relations".  
**Dundee and Eastern Scottish Branch, Pharmaceutical Society, Medical school, Ninewells Hospital, Calum MacFarlane (Lilly) on "Birth of a drug".**  
**Sunderland Branch, Pharmaceutical Society, Roker Hotel, Sunderland, at 7.15 pm.** Annual dinner dance.

### Friday, November 22

**Harrow Branch, Pharmaceutical Society, Glaxo Sports and Social Club, Western Avenue, Social evening.**  
**Plymouth Branch, Pharmaceutical Society, Board room, Greenbank, Hospital, at 8 pm.** Talk by Dr D. Owen MP (Secretary of State, Department of Health and Social Security).  
**Slimming and Health Exhibition, Royal Horticultural Society's Old Hall, Westminster, London, until November 29.** Complimentary tickets (two per person) are available to retailers from Newman Turner Publications, 30 Station Approach, West Byfleet, Surrey, for Sunday, November 24.

### Saturday, November 23

**Brighton and Hove Branch, Pharmaceutical Society, Brighton and Hove Association of Pharmacy, Clarges Hotel, Marine Parade, Brighton, at 7.15 pm.** Dinner dance.  
Ticket £4 from Mr D. J. Blake, 91 Blatchington Road, Hove, Sussex BN3 3YG.

the greater part (53 per cent) of a chemist's turnover comes from his commercial activities. You know full well that the individual chemist has no control over how much the Government pays him—this is properly left to the Central NHS Committee. You well know that no chemist has any control over where, or when doctors will open or close surgeries or whether they will move away to health centres. Nor can the chemist control how many prescriptions are written. He can and he does actively control the amount of over-the-counter business he does by his dynamic approach to retailing. Only the individual himself can develop the full potential of his counter business and help free himself from having to place undue reliance on NHS side of the business with all its political over-tones and uncertainties.

Brutally Hair-raiser, you will ignore the new breed of chemist at your professional peril. Of course he complies with legal requirements that he knows are an anachronism in this day and age. But he seeks change urgently, he seeks shorter hours, greater security and freedom from petty restraints as well as better rewards. All these are entirely compatible with my thinking and could result with a better service in fact to the public using *rationalisation* not nationalisation.

In conclusion Hair-raiser, being professional does not mean that you have to be negative in your approach. Indeed the lesson could hardly be simpler—all you need is open your blinds and look out of the window.

**G. Urwin**  
Ponteland  
Newcastle upon Tyne



# Company News

## Boots' sales up in first half but profits are down

Net world sales, excluding VAT, of Boots Co Ltd in the six months ended September 30 at £221.85m were 19.2 per cent ahead of the same period in 1973. Trading profit, however, at £26.82m was down by 4.8 per cent.

The interim dividend of 1.6285p per share declared represents the maximum allowable increase.

Retail sales in the UK increased by 8 per cent of which increase rather more than one-third represents real volume.

The directors point out that spiralling costs of retailing expenses, including threshold payments and substantial increases in local authority rates, together with the enforced arbitrary reductions in retail gross margins have currently reduced net margins from retailing to 73.2 per cent of the reference levels under the price code.

## Good year for Nicholas

Nicholas International Ltd had record world-wide sales and trading profit in 1973/74, but the net profit attributable

to the current year was marginally down. The company's annual report shows a sales rise of almost 20 per cent to \$A84.837m, but with net profit in the current year \$A135,634 down at \$A4,045,466. The reduction was due to higher interest charges and an increase in the rate of taxation in the United Kingdom. Consolidated results were also reduced by a further revaluation of the Australian dollar during the year under review. The company's research and development efforts are to be increased with expenditure planned to rise over \$A3m.

## Ilford report increase in turnover for 1973

Consolidated sales of Ilford Ltd 1973 at £42m show an increase of 23.1 per cent over the corresponding figure for 1972. UK sales increased 4.6 per cent to £9.6m while overseas sales increased by 29.9 per cent to £32.4m. Exports from the UK also increased substantially to £18.2m from £13.6m in 1972.

Consolidated trading profit before taxation in 1973 was £2.19m (£2.09m in 1972). The profit after tax was £658,000 as compared with £2,426,000 for 1972, but after taking into account £2,691,000 in respect of the profits less losses and attributable taxation on disposal of fixed assets arising from the relocation of activities in Essex and the closure of the Ilford site planned to be implemented at the end of 1975, the unappropriated profit for the year 1973 amounted to £3.31m (£2.41m).

## Briefly

Following capital investment of the order of £400,000 over the past two years, **Aerosols International Ltd** this month mounts its first significant campaign to attract new business.

**Frost & Co**, 9 High Street, London N8, has been acquired by **Rexlodge Ltd** from Mr Ronald E. Woolley, MPS, who has retired.

**Procter & Gamble Ltd** results for the year ended 30 June showed a turnover of £98.8m compared with £75.0m for the previous year. Export sales accounted for £15.5m (£10.1m last year) and profit after tax was £4.0m (£4.2m).

**Hinton Lake & Sons Ltd**, a member of the Cross & Herbert group of companies, has acquired the pharmacy of P. H. G. Earp, 6 Bank Street, Teignmouth. Mr Earp has retired from proprietorship.

## Appointments

**Greeff-Chemicals Holdings:** Mr L. R. Dowsett has become chief executive.

**Janssen Pharmaceutical:** Mr J. Duncan McIntyre is now marketing director.

**Dylon International Ltd** have appointed Mr A. Turvey UK sales manager and Mr R. Huggins product manager.

**Approved Prescription Services Ltd** have appointed Mr C. L. Mundy, BSc, manager of their pharmaceutical packaging department.

**E. C. DeWitt & Co Ltd** have appointed Mr Leon J. Godfrey as general sales manager. His responsibilities cover sales and marketing both UK and overseas.

# Market News

## MENTHOL SLUMPS

London, November 13: Menthol prices slumped during the week with spot Brazilian spot down by £3.50/kg and Chinese by £5.00. In the past month or so Chinese material has been gradually becoming easier but Brazilian shippers held their quotations firm despite this and despite the fact that secondhand sellers in Britain were operating at lower levels.

In essential oils all Chinese oils with one exception were reduced. Anise was down £4.00/kg and peppermint by £1.50. The exception to the trend in Chinese oils was spearmint which advanced £1.10/kg. Most of the English-distilled spice oils are steady to firm because of the difficulty in obtaining suitable quality spices.

Prices of pharmaceutical chemicals continue firm. A number of those mentioned below show slight rises since last published.

Among spices only pepper was in active demand. Buchu, balsam Peru and lycopodium were dearer.

Production of sulphuric acid by members of the National Sulphuric Acid Association during the third quarter of

the year at 974,040 metric tons was 3 per cent down on the third quarter of 1973. Sales were down by 7.6 per cent at 1,020,315 tons.

## Pharmaceutical chemicals

**Ferrous fumarate:** £1.50 kg for 50-kg lots.  
**Ferrous gluconate:** £1.120 metric ton delivered.  
**Ferrous phosphate:** In kegs £493.50 metric ton.  
**Gallic acid:** BPC in 1,000-kg lots £2.32 kg. nominal.  
**Glucose:** (Per metric ton in 10-ton lots) monohydrate £134; anhydrous £250; liquid 43° Baumé £102 (5-drum lots).  
**Homatropine:** Hydrobromide £56.00 kg; methyl bromide £58.00 kg.  
**Hyoscine hydrobromide:** £375.50 kg.  
**Hyoscyamine sulphate:** 100-g lots £82.00 kg.  
**Sodium sulphate:** BP crystals per metric ton £72.50; commercial £26.85.  
**Sodium sulphite:** Crystals (£50-kg) £0.125 kg.  
**Sorbitol:** Powder £397.50 metric ton in 250-kg lots; syrup 1-ton £172.  
**Sodium acid phosphate:** BP crystals £0.633 kg for 50-kg.  
**Sodium benzoate:** BP in 500 kg lots £0.3969 kg.  
**Sodium carbonate:** Anhydrous £11.70 metric ton.  
**Sodium chloride:** Vacuum-dried £9.20 per metric ton in 10-metric ton lots, ex works.  
**Sodium citrate:** Granular £410 to £554 per metric ton as to source; powder £420-£564.  
**Sodium fluoride:** BP kg in 50-kg lots £1.0212 kg.  
**Sodium hydroxide:** Pellets BP 1958 in 50-kg lots, £0.61 kg; sticks (BP 1958) £1.38 kg for 50 kg.  
**Sodium nitrite:** BPC 1963 in 50-kg lots £0.6574 kg.

## Crude drugs

**Aloes:** Cape £1,350 metric ton £1,300, cif. Curacao £1,400 spot; £1,350 cif.  
**Balsams (kg):** Canada: £18.00 cif. **Copaiba** BPC £2.65 spot; £2.55 cif. **Peru:** £12.20 spot. **Tolu:** £3.80 spot; £3.70, cif.  
**Buchu:** Rounds £3.00 kg spot.  
**Lobelia:** European £800 metric ton cif; American, coarse powder, £470.  
**Lycopodium:** Indian £4.50 kg; £4.10, cif.  
**Menthol:** Brazilian £16.00 kg spot; shipment £15.75, cif. Chinese £22.00 spot; £18.50 cif.  
**Pepper:** (ton, cif) Sarawak black £725; white £925.  
**Rhubarb:** Chinese rounds 60% pinky £1.40 kg.  
**Witchhazel leaves:** Spot £1.85 kg; £1.80, cif.

## Essential oils

**Anise:** £16.00 spot; £14.50 cif.  
**Bay:** West Indian about £15.00 kg.  
**Bergamot:** From £14.00 kg as to grade.  
**Bois de Rose:** Shipment £6.40, cif.  
**Buchu:** English distilled £270 kg nominal.  
**Cade:** Spanish £1.20 kg spot.  
**Cajuput:** £5.00 kg on spot.  
**Camphor white:** £2.30 kg spot and cif.  
**Canaga:** Java £14.00 kg spot.  
**Caraway:** Imported £21.00 kg.  
**Cardamom:** English distilled £85.00 kg.  
**Cassia:** Chinese £14.00 kg spot; £13.60 cif.  
**Cedarwood:** Chinese £1.65 kg spot; £1.75 cif.  
**Celery:** English £38.00 kg.  
**Cinnamon:** Ceylon leaf £2.95 spot; £2.50, cif. English distilled bark £180 kg.  
**Citronella:** Ceylon £2.00 kg spot; £1.70, cif.  
**Clove:** Madagascar leaf £2.60 kg cif nominal.  
**Coriander:** £14.50 kg spot.  
**Cubeb:** English distilled £22.00 kg.  
**Dill:** £16.00 kg nominal.  
**Eucalyptus:** Chinese £7.50 kg spot and cif for 80-85 per cent. Spanish/Portuguese £4.75, cif.  
**Fennel:** Spanish nominal.  
**Geranium:** (kg) Bourbon £25.50 kg spot.  
**Ginger:** English distilled £75.00 kg nominal.  
**Juniper:** Imported £25.00 kg.  
**Lavender:** French £14.00 kg spot.  
**Lavender spike:** £13.00 kg spot.  
**Lemon:** Sicilian best grades from £7.25 kg.  
**Lemongrass:** Spot £3.10 kg; £3.00 cif.  
**Lime:** West Indian £7.60 kg spot.  
**Mandarin:** £5.80 kg c and f.  
**Nutmeg:** (per kg) English distilled from West Indian £24.00; from E. Indian £27.00.  
**Palmarosa:** No East Indian. Brazilian spot £8.00.  
**Patchouli:** £6.50 kg spot and cif.  
**Peppermint:** To arrive £5.50 kg.  
**Peppermint:** (kg) Arvensis Brazilian £6.00 spot; £5.50, cif. Chinese £10.50 spot; £9.50 cif.  
**American piperata** from £18.00.  
**Pepper:** English distilled ex black £64.00 kg.  
**Petitgrain:** £6.50 kg spot.  
**Pine:** (kg) Pumilionis £1.75; sylvestris £0.51.  
**Rosemary:** Firm at £6.50 kg spot.  
**Sage:** Spanish £8.90 kg spot.  
**Sandalwood:** Mysore spot and cif £65.00 kg.  
**Sassafras:** (cif) Chinese £1.97 kg; Brazilian £1.60.  
**Spearmint:** Chinese £7.60 kg spot and cif. American £10.00 spot.  
**Thyme:** Red 65/70% £9.00 kg.

Prices do not include VAT



# Grants for training top £7½m.

The Distributive Industry Training Board returned over £7½m in grants to firms in the year ending 31st April 1974 according to its annual report published last week. But the chairman, Mr J. A. Christie-Miller, in his introductory message, says he would like to see more firms putting in grant claims. "Approximately three out of five levy-payers do not send in a grant claim form—a sign of indifference either to training or to money. Whatever the reason I hope that during the coming year more firms will put in for training grants", says Mr Christie-Miller.

The report shows that the number of employees receiving training rose by over 100,000 to 831,000 and the number of qualified training officers and instructors by 2,500 to nearly 40,000. Up to March 31, 1974, 85 firms had been given the Distributive Training Award.

□ A doubling of the number of firms with well over a million staff trained to Distributive Training Award standards is the principle aim of the DITB's five year plan also published last week. Entitled "The Way Ahead", the document reveals that the most marked improvement hoped

for is among medium and small firms, where a rise of from 3 to 20 per cent is expected by 1980. Copies of the booklet and the Board's report may be obtained from the DITB information services division, MacLaren House, Talbot House, Talbot Road, Stretford, Manchester.

## 'Smarties' drugs criticised

Drug manufacturers have again been criticised by a coroner for making tablets which children may mistake for sweets such as Smarties. Speaking at an inquest into the death of an 18-month-old baby, the Stoke-on-Trent coroner, Mr Frederic Hails, said it was making "an even greater danger of the danger which already occurs whenever tablets are about."

Mr Hails returned a verdict of accidental death on Tracy Jane Shaw. She died from potassium intoxication after being found sitting among Slow-K tablets, which had been in a basket left in her room.

A leading article in the local *Evening Sentinel*, commenting on the death, said that "people who are prescribed tablets have as much and greater responsibility than chemists in seeing that they do not become magnets for children."

Mr P. E. Taylor, press officer of the North Staffs Branch, has written to the editor of the newspaper saying that the sweet taste is not always responsible for children taking an overdose: "The most common cause of accidental poisoning in young children is aspirin and most adults would be revulsed by eating a mouthful of aspirin tablets." He stressed the importance of correct storage in the home. The letter was published on Tuesday.

## Australian OTC association

Mr W. G. Hollis, FPS, who until 1971 was the director of the Proprietary Association of Great Britain, has returned from a three-month visit to Australia. He was invited by a number of pharmaceutical manufacturers, represented by the Proprietary Medicines Manufacturers Council of Australia, to help with the establishment of a new trade association similar in structure and purpose to the PAGB. After a number of meetings of a steering committee, the inaugural meeting of the Proprietary Association of Australia was held in Sydney on October 9. The PAA will replace Council and its constituent bodies — the Proprietary Medicines and Fine Chemicals Association, NSW, the Victoria Proprietary Medicines Association, and the Manufacturers Association Ltd.

## Union canvasses ICI

The 600 professional scientists, engineers and associated managers in ICI's pharmaceutical division at Macclesfield and Avalon, near Bristol, had an "absolutely crucial" role to play in unionisation among the company's senior staff, Dr M. Gillibrand, executive secretary of the Association of Professional Scientists and Technologists said on November 7.

With a bargaining agreement on the point of being signed for junior staff Dr Gillibrand added that it was absolutely certain that an agreement would be signed "within the next 12 months" between ICI and a union for the higher grades.

# Classified Advertisements

Post to Classified Advertisements, Chemist & Druggist, 25 New Street Square, London, EC4A 3JA.  
Telephone: 01-353 3212.

Publication date Every Saturday.

Headings All advertisements appear under appropriate headings.

Display/Semi Display £3.00 per single column centimetre, min 25mm. Column width 42mm.

Whole Page £250 (254mm × 178mm).

Half Page £150 (125mm × 178mm).

Quarter Page £80 (125mm × 86mm).

Lineage £0.60 per line, minimum 5 lines @ £3.00.

Box Numbers £0.30 extra.

Series Discounts 5% on 3 insertions or over. 10% on 7 insertions or over. 15% on 13 insertions or over.

Copy Date 4 pm Tuesday prior to publication date. Advertisements should be prepaid.

# Hospital appointments

## REDBRIDGE/ WALTHAM FOREST AREA HEALTH AUTHORITY EAST RODING HEALTH DISTRICT

KING GEORGE HOSPITAL, Eastern Avenue, Ilford, Essex.  
BARKING HOSPITAL, Upney Lane, Barking, Essex.  
PHARMACISTS required full or part-time, for duties at either of the above hospitals. Both hospitals are in pleasant outer London Residential Areas and are both adjacent to Underground Stations, with direct access to Central London. Salary scale £1,872-£2,340, plus £126 p.a. London Weighting and Threshold Agreement Payments. Enquiries and applications to District Pharmaceutical Officer, Barking Hospital, Upney Lane, Barking, Essex. Telephone No. 01-594 3898.

## West Berkshire Health District

### PHARMACY TECHNICIANS

required for interesting posts in modern hospital department at Royal Berkshire Hospital, Reading. Full supporting staff. New salary scale £1,452-£1,962 plus threshold agreement. Single bridging accommodation may be available.

Reading is an attractive University town with easy access to London, Oxford and the Thames countryside.

Apply to Miss J. Sherwin, District Pharmaceutical Officer, Royal Berkshire Hospital, London Road, Reading.

## ESSEX AREA HEALTH AUTHORITY HARLOW DISTRICT

Princess Alexandra Hospital, Harlow

### PHARMACY TECHNICIAN

required for this modern and developing District General Hospital which is the base of the Area Pharmaceutical Service. The post will involve mainly dispensing duties, but there will be some rotation throughout the Department.

Assistance with accommodation may be available.

Further details from, and applications to M. J. Woolgar, Area Pharmacist, Princess Alexandra Hospital, Harlow, Essex CM20 1QX. Tel: Harlow 26791, Ext. 314.

Redbridge/Waltham Forest Area Health Authority  
East Roding District  
KING GEORGE HOSPITAL, Eastern Avenue, Ilford, Essex.  
BARKING HOSPITAL, Upney Lane, Barking, Essex.  
GOODMAYES HOSPITAL, Barley Lane, Goodmayes, Essex.

PHARMACY  
TECHNICIANS  
required. Qualified, full or part time. Applications and enquiries to District Pharmaceutical Officer, Barking Hospital, Upney Lane, Barking, Essex.

Please mention  
C & D  
when replying  
to advertisements



## Business opportunities

**TURN YOUR SURPLUS STOCKS  
INTO CASH!  
WE WILL BUY YOUR SURPLUS  
TOILETRIES, COSMETICS + O.T.C. LINES  
NO QUANTITY TOO LARGE!!**

Contact

**MIDLAND STOCK DISPOSALS**

15 Adlington Road, Oadby, Leicester  
Tel: Leicester 56517

**WE GIVE IMMEDIATE VALUATION  
COLLECT + PAY**

## Miscellaneous

### STARGEMS FASHION JEWELLERY DISPLAYS

Gentlemen dispense a lightening pick-me-up for your business by stocking our range of Star-Gems Displays. These elegant little salesmen are working very successfully all over the country reaping in handsome profits, continuity of which is assured by repeats from our huge stock, fantastic selection on each display giving a wonderful range without stocking large quantities of each line. These little pep pills can be working for you within seconds of delivery. Every line clearly marked with suggested retail selling price. Phone Leicester 26403 (STD Code 0533) now or write to R. F. Vernon & Co., 52 Mount Road, Leicester. REMEMBER presentation spells profits.

### HOME BEER & WINEMAKING Wholesale service

Send for our FREE 28-page CATALOGUE listing over 600 items from 20 different manufacturers.  
Kannon Home Brew Centre Ltd.,  
Hayfield Mills, Haycliffe Lane,  
Bradford 5.  
Tel: Bradford 76243

LABELS for medicine bottles, also price tickets and sale tickets. Samples from Linet Press, 719 North Circular Road, London, NW2 7AH. Tel: 01-450 4164.

### INFORMATION

Tablet & Capsule Identification Guide.  
Buyers Guide.  
Multiple Retail Outlets and Wholesalers.  
Hospital Pharmacists.  
Pharmaceutical Organisations.

These are just some of the sections included in  
**CHEMIST & DRUGGIST  
DIRECTORY 1974.**

The essential reference for every pharmaceutical Retailer, Wholesaler and Manufacturer.

Send for your copy today to:  
Chemist & Druggist,  
25 New Street Square,  
London EC4A 3JA  
01-353 3212 (Mr. Hayes)  
Price £7.50 Inc. postage and handling.  
C&D Subscribers only £4.50 Inc. postage and handling.

### FASHION JEWELLERY

Jodez (Manchester) Ltd  
34 Shudehill, Manchester M4 1EY  
Tel: 061-832 6564

Largest and most exclusive range of direct and imported Continental Jewellery. Necklets, Pendants, Dress Rings, Earrings, Brooches, Bracelets, Hair-Ornaments.

Suppliers to Chemists over 20 years.  
Sample parcels available.

### FASHION JEWELLERY PARCELS

Gentlemen you cannot do better than deal with the specialists. £30 minimum seven days approval. Contact R. F. Vernon & Co., 52 Mount Road, Leicester, Phone Leicester 26403 (STD Code 0533).

ATTENTION CHEMISTS FOR FIRST-CLASS SERVICE. Elastic hosiery, surgical dressings, trusses, belts, colostomy appliances, portable urinals, etc. D. A. ARTHUR SURGICAL SUPPLIES LTD., Wholesale Chemists, 65 Dalmeny Street, Edinburgh EH6 8PW. 24-hour answering service 031 554 5375.

PREMATURE EJACULATION can be prevented with DEFERGEL. 6 tubes £2.75 (Retail 75p) plus VAT Post Free — Lloyd's, 51, Albert Road Southsea, Hants.

## Wanted

WE WILL PURCHASE for cash a complete stock of a redundant line, including finished or partly finished goods packaging, raw materials, etc. No quantity too large. Our representative will call anywhere. Write or telephone Lawrence Edwards & Co. Ltd., 6/7 Wellington Close, Ledbury Road, London. W.11. Tel: Park 3137-8

GOOD PRICES always paid for complete old Chemists shop interiors. Including shelf, drawer, end dispensing units, showcases, jars etc. 127, Pancras Rd., London. N.W.1. 01-387 5039

URGENTLY REQUIRED, all items connected with old-fashioned Pharmacies—Runs of drug drawers, shop rounds, jars, etc. Complete interiors of pharmacies bought. Telephone Ashted (Surrey) 73219 or Ashted 76626 or write Robin Wheeler, "Maplehurst", Park Lane, Ashted, Surrey.

## Shopfitting

### COWLING SHOPFRONTS

a low cost, fully guaranteed exterior design and installation service including signs and blinds to your choice.  
*excellent finance terms available*

01-653 0298

**THE SPECIALISTS**

PETER COWLING LTD 23 St. Aubyns Road Crystal Palace London SE19 3AA

**PALLET RACKING  
AND  
STEEL SHELVING  
FOR SALE  
AND  
WANTED  
01-485 5535**

SHOPFRONTS and interior fittings by Chemist Specialists, WARWICK SHOPFITTING, 20 Rudd Street, London, SE18 6RS. Tel: 01-854 6343

SHOP INTERIOR FITTINGS and SHOPFRONTS for CHEMISTS  
Phone 061-445 3506  
H. A. Peyser, 20 Fairfax Ave. Didsbury, Manchester M20 0AJ

INTERPLAN SYSTEM 80 modular shopfittings, attractive units at attractive prices, complete installations NPU recommended. Brochure from OLNEY BROS LTD., SHOP-FITTERS, NORTHBRIDGE ROAD, BERKHAMSTED, HERTS. Tel. 5417-9

## Agents

AGENT with existing retail trade connections in London and Home Counties is required to introduce "Own Name" items, with record of success in other areas. Box No. 2287.

## Business for sale

NORTH NOTTS DRUG STORE and Off Licence. Lease covers conversion to Pharmacy. 3 Bed. C/H Flat available. Audited accts. Good T/O. Genuine reason for sale. Box No. 2286.

## Appointments

# Vestric

REQUIRES AN

# ASSISTANT TO WAREHOUSE SUPERVISOR

at its Perry Barr, Birmingham branch. Aged 25/40 the successful applicant will be experienced in modern pharmaceutical warehousing methods. The work involves ensuring correct order flow and control and efficient operation of warehouse personnel.

Vestric, a member of the Glaxo group of companies, is the largest pharmaceutical wholesaler in the U.K., serving independent retail pharmacists, veterinary surgeons, hospitals and photographic suppliers.

In addition to an excellent salary the Company offers a number of fringe benefits such as an annual profit sharing bonus, and life assurance and pension schemes.

Initially please write to Mr. F. Poxon, Branch Manager, Vestric Ltd., (Knights branch), Church Road, Perry Barr, Birmingham B42 2LD.

**A worthwhile job with Vestric**



# Classified Advertisements

## HM PRISON AND BORSTAL SERVICE

### PHARMACEUTICAL STAFF IN THE PRISON SERVICE

Pharmaceutical staff (male or female) are required at the following establishments:

#### PHARMACY TECHNICIANS

HM Prison  
Parkhurst Road  
Holloway  
London, N7

HM Prison  
68 Hornby Road  
Liverpool

Salary scale £1,251 rising to £1,650 plus £86 per annum environment allowance and £126 per annum London Weighting at Holloway.

#### SENIOR PHARMACISTS

HM Prison  
Parkhurst Road  
Holloway  
London, N7

HM Prison  
Wormwood Scrubs  
Du Cane Road  
London, W12

Salary scale £1,956 rising to £2,391 plus £123 per annum environment allowance and £126 per annum London Weighting. Starting pay above the minimum of the scale may be offered to candidates with previous National Health Service, Government Service or other comparable experience.

Prison pharmaceutical work is most interesting, varied and professionally satisfying. Five-day week.

Pharmacists are encouraged to attend post graduate courses on "Drug Stability," "Formulation of Drug Dosages."

Posts superannuable under National Health Service superannuation scheme.

Intending applicants may obtain further information from the Head Pharmacist, HM Prison, Parkhurst, Isle of Wight (Telephone: 098-381 3855).

Application forms obtainable from the Establishment Officer, Home Office, Prison Department (R 10/10 VDC/TI), Portland House, Stag Place, London SW1. Please state which post you are interested in.

CLOSING DATE: 13 December, 1974.

**HOME OFFICE**

## PHARMACEUTICAL STAFF IN THE PRISON SERVICE

Sessional Pharmacists are required at the following establishments:—

HM Prison, Parkhurst Road, Holloway, London, N7

HM Prison, Wormwood Scrubs, Du Cane Road, London, W12

HM Prison, Armley, Leeds, Yorks

£4.53 per session of 4 hours.

Apply to the Head Pharmacist, HM Prison, Parkhurst, Isle of Wight (Telephone: 098 381 3855) for particulars, stating age, qualifications, experience and the post in which you are interested.

## DEPARTMENT OF HEALTH AND SOCIAL SECURITY

### PHARMACEUTICAL STAFF

#### LICENSING OF MEDICINES

Applications are invited for posts of Pharmacist to be attached to the Pharmaceutical Secretariat of the Committee on Safety of Medicines of the Medicines and Health Environment Division. These appointments are for periods of up to 1 year in either FULL TIME or PART TIME capacity, subject to negotiation.

The work is concerned with product licensing and pharmaceutical aspects of a computerised system for storage of data on all medicinal products available for sale in the United Kingdom.

#### PART TIME EMPLOYMENT

Arrangements can be made to take into account domestic commitments when agreeing hours of duty. Ideally suited to pharmacists wanting to return to pharmaceutical employment after a temporary absence.

LOCATION: Finsbury Square House, Finsbury Square, London EC2A 1PP.

SALARY: Within the scale £2853-£3839 (including Inner London Weighting currently under review). Cost of living supplements under Threshold Agreement also payable.

Entry to scale according to age, qualifications and professional experience. Proportionate rates for part-time appointments.

FURTHER INFORMATION: Mr J. H. Oakley, FPS. Telephone: 01-638 6020 ext 336.

APPLICATION Forms from Department of Health and Social Security, EP4 Division, Room 408, Ivybridge House, 1-5 Adam Street, London WC2N 6AB. Closing date 29 November 1974.

#### RETIREMENT VACANCY:—

Male Dispensing Assistant required for busy friendly pharmacy N.E. Essex coast. Salary plus commission.—Farebrother, 75 Frinton Road, Holland-on-Sea, Essex CO15 5UH. Phone: 0255 812100.

PHARMACIST required to take charge of pharmacy. For further details please contact Mr. Dattani, 125 St. Mary's Parade, Gascoigne Estate, Barking, Essex. Tel: 01-594 6188.

**Our address  
for Box No.  
replies is:**

Chemist & Druggist  
25 New Street Square  
London, EC4A 3JA  
Tel: 01-353 3212





## 126 INSTANT LOAD

As many as you like —  
whilst present stocks last!

# VIVA'S

**NO PRICE INCREASE YET!**

**The ideal Christmas present**

**For the vast majority of ordinary men and women who just want a good easy-to-use camera at a very modest price.**

The **VIVA** is produced by a famous French maker who specialise in producing efficient cameras of advance design and beautiful appearance at a very low price.

The **VIVA** has proved a big success in over 70 countries including Japan.

— Note these features —

- FIXED FOCUS ▪ LEVER FILM WIND
- DOUBLE EXPOSURE & OVERWIND PREVENTION ▪ SUNNY / CLOUDY SHUTTER SETTINGS ▪ BUILT-IN CUBE FLASH ▪ LARGE CLEAR VIEW-FINDER
- QUALITY WRIST STRAP and 'no strings attached' guarantee.

SMART CARRY CASE AVAILABLE.

The **VIVA** gives them everything they want for only...

**£4.20**

INC. VAT

**GOOD STOCKS AVAILABLE  
PROMPT DELIVERY**

Obtainable from  
**VESTRIC**  
or direct from

SOLE CONCESSIONAIRES (Importers Exporters Manufacturers)

**MENDEL BROTHERS**

Ellesmere Chambers • Church St. • Preston • Lancs  
Tel. 0772 55907

# ORALGER

**SLOW RELEASE PELLETS FOR MOUTH ULCERS**

THE ONLY PELLETS WITH COMBINED ANTIBACTERIAL & ANTIFUNGAL ACTION

O.T.C.  
EC.10

## NEWBALL & MASON LTD.

Established in 1850

THE MOST COMPREHENSIVE RANGE OF HERBAL EXTRACTS. CULINARY HERBS. SPICES. FOOD FLAVOURS AND FOOD COLOURS.

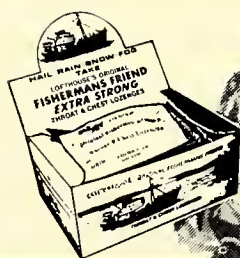
Specially packed with the retail Pharmacy in mind. Send for detailed price list or telephone SEDGLEY 2537.

DORMSTON TRADING ESTATE,  
BURTON ROAD, DUDLEY, WEST MIDLANDS, DY1BR.

## FISHERMAN'S FRIEND

Throat & Chest  
Lozenges

**THE  
EXTRA  
STRONG  
ONE**



IN ATTRACTIVE DISPLAY OUTERS OF  
20 PACKETS  
LOFTHOUSE CHEMICAL PRODUCTS FLEETWOOD  
Tel. Fleetwood 2435

# Sarah Oliver's Home Brew

**A full flavoured natural Home Brew from Geordie Home Brews**

**Stock up now!  
There'll be a massive  
demand from the readers of:**

Amateur Gardening  
Popular Gardening  
Practical Gardening  
Caravan  
Modern Caravan  
Practical Caravan  
Amateur Photographer  
Practical Photography  
Do-it-Yourself  
Practical Woodworking  
Homemaker  
Practical Householder  
Wireless World  
Practical Wireless  
Hi Fi Sound  
Popular Hi Fi

Here's Health  
Yoga & Health  
Homes & Gardens  
House & Garden  
Popular Motoring  
Practical Motorist  
Ideal Home  
Healthy Living

**Orders in writing or  
over the phone to:**

Mrs. B. Brewin,  
Viking Brews Ltd., 28-29 Clive Street,  
NORTH SHIELDS. Tel: 08945 73402

At three ha'pence  
a pint  
you gotta pick a  
packet, or two!



Around 1950 Sarah Oliver kept the colourful Ray Horse Inn in North Shields, the haunt of sailors, labourers, thieves and gentlemen who settled to her much-loved brew, said by many to preserve the wind!

MAKES 40 SATISFYING PINTS FOR 60p

**Sarah Oliver's Home Brew**



**40 pint  
pack  
for  
60p**



# Aveeno

*the natural cleanser*

## Colloidal Oatmeal makes the difference

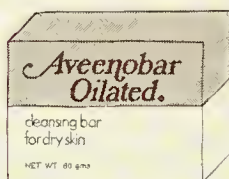
### Soap-free Cleansing Bars

for patients who should not use soaps



#### **Aveenobar** –for sensitive skin

A mild cleanser with a high Colloidal Oatmeal content which soothes as it cleanses.



#### **Aveenobar Oilated** –for dry skin

Soothing Colloidal Oatmeal combined with emollients to help reduce overdrying.



#### **Acnaveen Bar** –for acne and oily skin

Sulphur and salicylic acid form the drying agents to aid in the removal of comedones. Colloidal Oatmeal soothes and reduces discomfort.

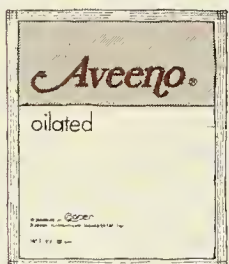
### Bath Preparations (available on E.C.10)



#### **Aveeno Colloidal Oat Fraction**

–bath for sensitive skin

The colloid-producing fraction of the oat grain developed especially to disperse easily in water and provide a soothing, relaxing bath.



#### **Aveeno Oilated** –bath for dry, sensitive skin

Similar to Aveeno Colloidal Oat Fraction but with added emollients to lubricate dry, sensitive skin.

**Available only through retail pharmacies**

For further information concerning Aveeno preparations contact:  
Knox Laboratories Ltd, 50 Weston Road, Aston Clinton, Aylesbury, Bucks.